

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 NOV -1 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

L-6699

1. Limited Liability Company's Name

Intellitem Technologies, LLC

REINSTATEMENT 2001

2. Principal Office Address

300 N. Mainland Ave

Suite, Apt. #, etc.

City & State

Mainland FL

Zip

32751

Country

USA

3. Mailing Office Address

2500 Mainland Center

Suite, Apt. #, etc.

Ste # 103

City & State

Mainland FL

Zip

32751

Country

ORANGE

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified

To Do Business In Florida

June 5, 2000

6. FEI Number

59-3650842

Applied For

Not Applicable

7.

CERTIFICATE OF STATUS DESIRED ☐

\$500 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Alan Garfinkel

Street Address (P.O. Box Number is Not Acceptable)

300 N. Mainland Avenue

Suite, Apt. #, Etc

Mainland FL

City

0000004686060-7

-11/16/01--01094--002

***150.00 ***150.00

State

FL

Zip Code

32751

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/18/01

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Manager	Reginald Hall	2500 Mainland Center parking, Ste #103	Mainland FL 32751
Manager	Alan Garfinkel	300 N. Mainland Ave	Mainland FL 32751
Manager	Don Bosworth	2500 Mainland Center parking, Ste #103	Mainland, FL 32751

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Date 10/16/01

Daytime Phone # 407-629-1999

Typed or printed name of signing Managing Member/Manager

Reginald Hall

CR2001 (9/00)