

PLEASE READ

**L00000008144**

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 AUG 16 PM 12:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000007316040--0

-08/23/02--01058--027

\*\*\*\*200.00 \*\*\*\*200.00

DOCUMENT # **L00000008144**

1. Limited Liability Company's Name

**Business Insight Plus, LLC**

9/28/01

2. Principal Office Address

**7507 Eaton Court**

Suite, Apt. #, etc.

3. Mailing Office Address

**PO Box 3319**

Suite, Apt. #, etc.

City & State

**University Park, FL**

Country

Zip

**34201**

City & State

**Sarasota FL**

Country

Zip

**34203**

4. State/Country of Formation

**FLORIDA**

5. Date Organized or Qualified  
To Do Business in Florida

**7/10/00**

6. FEI Number

**105-1027898**

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

**George Lipovsek**

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

**7507 Eaton Court**

Suite, Apt. #, Etc.

City

**University Park**

State

**FL**

Zip Code

**34201**

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

**4/19/02**

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
<b>Mgr</b>	<b>George Lipovsek</b>	<b>7507 Eaton Court</b>	<b>University Park, FL 34201</b>

**REINSTATEMENT 2001-2002**

**BK**

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

*[Signature]*

Date

**4/19/02**

Daytime Phone #

**941-957-0225**

Typed or printed name of signing Managing Member/Manager

**George Lipovsek**

CR2041 (9/01)