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 OCT 19 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L-10926

1. Limited Liability Company's Name
Idea Garden advertising & Pubic Relations LC
(You had wrong address!)

REINSTATEMENT 2001

2. Principal Office Address	**3.** Mailing Office Address
1174 S. US One.	1174 S. US 1
Suite, Apt. #, etc. Suite E	Suite, Apt. #, etc. Suite E
City & State Vero Bch Fl	City & State Vero Bch Fl
Zip 32962 Country USA	Zip 32962 Country USA

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida 12/31/2000

6. FEI Number — X 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: Sally Dilucente

900004652519--3
-10/25/01--01019--026
****155.00 ****155.00

Street Address (P.O. Box Number is Not Acceptable): 455 38th Ct

Suite, Apt. #, Etc.:

City: Vero Bch Fl | State: FL | Zip Code: 32962

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 Sally Dilucente Date 10/15/01
REGISTERED AGENT MUST SIGN

CR2E041 (9/01)

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
Managing member Officer	Donna Grzesiak	4635 1st St	Vero Bch Fl 32968
M.M	~~Brian~~ Brian Grzesiak	4635 1st St	Vero Bch Fl 32968
M.M	Wayne Dilucente	455 38th Ct	Vero Bch Fl 32968

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 10/15/01 Daytime Phone # (561) 778-2832

Typed or printed name of signing Managing Member/Manager