

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 NOV -3 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000011467

10/4/03

1. Limited Liability Company's Name
INNOAPP, L.L.C.

300024375409
11/03/03--01033--002 **50.00

11/7/03-01039-016 \$150.00

2. Principal Office Address
3726 KILMARNOCK DRIVE

3. Mailing Office Address
3726 KILMARNOCK DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. State/Country of Formation
US

5. Date Organized or Qualified
To Do Business in Florida 9/21/2000

City & State
APOPKA, FL

City & State
APOPKA, FL

6. FEI Number 59-3680753

Applied For
Not Applicable

Zip Country
32712 US

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32712 US

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
GREGORY J. BLODIG

Street Address (P.O. Box Number is Not Acceptable)
100 WEST CYPRESS CREEK ROAD

Suite, Apt. #, Etc.
SUITE 700

City
FORT LAUDERDALE

State Zip Code
FL 33309

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 10-29-03

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
MGR	JANKE, RICHARD	3726 KILMARNOCK DRIVE 1429 Southpointe Ct	APOPKA, FL 32712 Melbourne FL 32940

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 8.27.03 Daytime Phone # 772-794-0030

Typed or printed name of signing Managing Member/Manager RICHARD JANKE

CR2E041 (1/02)