PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL 22 AM 8:35

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07/22/05--01016--004 **250.00

DOCUMENT #

1. Limited Liability Company's Name
L00000012074
H & C Primordial Innovations LLC

2. Principal Office Address	**3.** Mailing Office Address
701 Barcelona Ave.	P.O. Box 20937
Suite, Apt. #, etc. Unit 206	Suite, Apt. #, etc.
City & State Venice, FL	City & State Bradenton, FL
Zip 34285 Country USA	Zip 34204 Country USA

4. State/Country of Formation FLORIDA

5. Date Organized or Qualified To Do Business in Florida 10-04-2000

6. FEI Number 59637 4268 ☐ 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: Claudia Daniels

Street Address (P.O. Box Number is Not Acceptable): 701 Barcelona Ave. REINSTATEMENT 03-05

Suite, Apt. #, Etc.: Unit 206

City: Venice | State: FL | Zip Code: 34285

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: Claudia Daniels — Date: 7-18-05
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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
MGR	MYLES FROMER	701 Barcelona Ave. Unit 206	Venice, FL, 34285
MGR	Claudia Daniels	701 Barcelona Ave Unit 206	Venice, FL, 34285

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: Claudia Daniels — Date: 7-15-05 — Daytime Phone #: 941-773-1447

Typed or printed name of signing Managing Member/Manager: Claudia Daniels