1. DOCUMENT # L00000014258

Name and Mailing Address

02 DEC -3 AM 11:28

SECRETARY OF STATE TARBAHASSEE, FLORIDA

0000822 01 FP 0,352 --PRSRT T3 0 0615 32809-464825 Inflamination Inflami



2. New Mailing Address City, State; Zip				4. State/Country of Formation FL 5. Date Organized or Qualified To Do Business in Florida 11/08/2000							
						rincipal Pt	ace of Business	3. New Principal Place of	Business Address	6. FEI Number	Applied For
						6925 LAKE ELLENOR DR., SUITE 1 ORLANDO FL 32809 City, State, Zip		25		59-3680267	Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee require for a Certificate of Status									
	8. Name and Address of Current	Registered Agent		9. Name and Address of Nev	Registered Agent						
			Name		·						
606	MI, PAAVO 1 CAYMUS LOOP DERMERE FL 34786		PE 145	TAIL WE	FL Zip Code						
O. I, bein	ng appointed the registered agent of the at	ove named timited liability co	mpany, am familiar with	and accept the obligations of Chapt	er 608. E.S.						
ignature o egistered	Agent	GISTERED AGENT MUST S		Date	122/02-						
1. Names	s and Street Addresses of Each Managing	Member/Manager									
Title(s)	Name of Managing Members/Managers		Street Address of Each Managing Member/Manager		City / State / Zip						
MGR	SALMI, PAAVO 6081		AYMUS LOOP	WINDE	RMERE FL 34786						
2				<u>800008:</u> 11/13/0201039	963008 9006 **150.00						
2. I certify	that I am managing member/manager or	the receiver or trustee)empo	owered to execute this a	application as provided for in chapte	r 608, FIS. I further certify that when						
filing th all fees	is reinstatement application the reason for owed by the limited liability company have ade under oath.	dissolution has been eliminati	ed. The limited liability co	mpany name satisfies the requireme	nts of section 608 406 FS and that						