

2001-2002

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONSFILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # L00000016207

1. Limited Liability Company's Name

INSEALATORS OF ORLANDO, LLC

9/28/01

700004778027--8

-01/16/02--01046--012

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

700004778027--8

-01/16/02--01046--013

\*\*\*\*\*5.00 \*\*\*\*\*5.00

2. Principal Office Address

424 E. Central Blvd.

Suite, Apt. #, etc.

Ste. 350

City &amp; State

Orlando, FL

Zip

32801

Country

Orange

3. Mailing Office Address

424 E. Central Blvd.

Suite, Apt. #, etc.

Ste. 350

City &amp; State

Orlando, FL

Zip

32801

Country

Orange

4. State/Country of Formation

FL / Collier

5. Date Organized or Qualified  
To Do Business in Florida

12/22/01

6. FEI Number

59-3694781

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

Brandt L. Modlin

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

424 E. Central Blvd.

Suite, Apt. #, Etc.

Ste. 350

City

Orlando

State

FL

Zip Code

32801

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

Date

1/02/02

REGISTERED AGENT MUST SIGN

## 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
Pres	Shannon Modlin	486 N. Pin Oak Pl. #100	Longwood, FL 32779
V.P.	Brandt Modlin	486 N. Pin Oak Pl. #100	Longwood, FL 32779
			Rein 100
			010BR 50
			020BR 50
			CUS 5
			205
			nc

REINSTATEMENT

2001-2002

205

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

Date

1/2/02

Daytime Phone #

321-228-4553

Typed or printed name of signing Managing Member/Manager

Shannon Modlin

CR20041 (9/01)