

PLEASE

READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2001
LIMITED LIABILITY
COMPANY

REINSTATEMENT

LBR



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 JUL 24 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000016266

1. Limited Liability Company's Name

HAVE YOU BEEN TOLD TODAY, L.L.C.

2. Principal Office Address

7606 Sand Lake Rd.

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip
32819Country
Orange

3. Mailing Office Address

7606 Sand Lake Rd.

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip
32819Country
Orange

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified
To Do Business in Florida

Dec. 28, 2000

6. FERNET

36-4412282

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

8. Name and Address of Current Registered Agent

Name

ICT CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State
FL

Zip Code

33324

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

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
MGR	Robert S. Hastings	6006 Great Water Drive	Windermere, FL 34786
MGR	Thomas O. Hansen	9726 Camberley Cir.	Orlando, FL 32836
MGR	Michael L. Trend	2584 Farmstead Rd.	Richfield, OH 44286

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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

Daytime Phone #

407-876-7784

Typed or printed name of signing Managing Member/Manager

ROBERT S. HASTINGS

CR2E04 (9/00)