

1. DOCUMENT #

L01000001202

Name and Mailing Address

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

0005097 01 FP 0.352 **PR\$RT T6 0 0615 33703-342222 INTELLIGENT MICRO PATTERNING, LLC 1922 ILLINOIS AVENUE, NE ST. PETERSBURG FL 33703-3422



2. New Mailing Address City, State, Zip			4. State/Country of Formation FL 5. Date Organized or Qualified To Do Business in Florida 01/18/2001			
						Principal Place of Business 1922 ILLINOIS AVENUE, NE
ST. PETERSBURG FL 3370		City, State, Zip		7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status		
8. Name and Address of	Current Registered Agent		9. Name and Add	ress of New Registered /	Agent	
		Name		7 - 60 - 60		
SASSERATH, JAY 1922 ILLINOIS AVENUE, NE ST. PETERSBURG FL 33703		Street Addres	Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
		City				
Registered Agent	REGISTERED AGENT MUST SIGN anaging Member/Manager	a part of the factor posterior	Proceedings of the contract of	Date	Commence of the second second second second	
Title (s) Name of Mana	aging S	Street Address of Each		City / State / Zip		
CTO DAVIO FILLY	755 1974	Managing Member/Manager 755 19TH AVE N. St. Retensione, Fix 33704			-	
			800 11/01/02	0087583: 01054016 *	3:8 **150.00	
				<u> </u>		
12. I certify that I am managing member/ma filing this reinstatement application the re all fees owed by the limited liability compas if made under oath.	nager or the receiver or trustee empowere ason for dissolution has been eliminated, thany have been paid. The information indicat	e limited flability con red on this application	mpany name satisfies th	e requirements of section (and my signature shall hav	508.406, F.S., and that re the same legal effect	