PLEASE READ A	ALL INSTRUCTIONS BEFORE C	COMPLETING THIS FORM.
LI TED IA BIL Y	FL IDA PART JE TE SIL	FILLED OF LUIN -22 IAM 38-1010
REINSTATEMENT	DIVISION OF CORPORATIONS	DEORET WRY OF STATE
DOCUMENT # LO\ O  1. Limited Liability Company's Name	J98P000CC	TAULAHNSSEE, IFLORIDA
Andrew Innou	ations, LLC.	
2. Principal Office Address	3. Mailing Office Address	100020319451 06/02/0301077009 **200.00
3179 Ferns Glen Dr.	3179 Ferns 6len lx	4. State/Country of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Date Organized or Qualified To Do Business in Florida 2/20/03
City & State Tallahassee FL	Tallahassee, FL	6. FEI Number Applied For Not Applicable
2ip Country U.S.	Zip Country 32-309 115	7. CERTIFICATE OF STATUS DESIRED Tor a Certificate of Status
	8. Name and Address of Current Register	<u></u>
Street Address (P.O. Box Number is No 3173 FEV N Suite, Apt. #, Etc.		State Zip Code
Tallahasses	2	FL 32309
Signature of Registered Agent	e named limited liability company, am familiar with and a	Date
10. Names and Street Addresses of Managing Mem	bers/Managers	14074
Titles Name of Managing Members/ Manage		ger City / State / Zip
MGRM Ryan Brymer	3179 Ferms Glen	Dr. Tallahassee, FL 32309
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filing this reinstatement application the reason for o	dissolution has been eliminated, the limited liability compu- been paid. The information indicated on this application	cation as provided for in chapter 608, F.S. I further certify that when any name satisfies the requirements of section 608,406, F.S., and that is true and accurate, and my signature shall have the same legal effect
Managing Member/Manager  Typed or printed name of eigning Memaging Member/M	1/ a 14 a a a	27/03 Daytime Phone # (321) 303-1714