

2002 LOR

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 16 PM 1:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L01000014661**

1. Limited Liability Company's Name

**AXENA USA LLC**

**100008562691**  
10/24/02--01019--002 \*\*50.00

2. Principal Office Address

**1 S ORANGE AVE**

3. Mailing Office Address

**1 S ORANGE AVE**

Suite, Apt. #, etc.

**SUITE 406**

Suite, Apt. #, etc.

**SUITE 406**

City & State

**ORLANDO FL**

City & State

**ORLANDO FL**

Zip

**32801**

Country

**USA**

Zip

**32801**

Country

**USA**

4. State/Country of Formation

**FL/USA**

5. Date Organized or Qualified  
To Do Business in Florida

**8-27-01**

6. FEI Number

**59-3741220**

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

**SHAWN DATH**

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

**2303 RIDGEWIND WAY**

Suite, Apt. #, Etc.

City

**WINDERMERE**

State

**FL**

Zip Code

**34786**

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

REGISTERED AGENT MUST SIGN

Date **10-10-02**

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
MEM	SHAWN DATH	2303 RIDGEWIND WAY	WINDERMERE FL 34786
MEM	FRANK HALLSTONES	1 S ORANGE, STE 406	ORLANDO FL 32801

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 **10-10-02**

Daytime Phone # **407.340.2700**

Typed or printed name of signing Managing Member/Manager

**SHAWN DATH**

CR2E041 (9/01)

AXENA™

ONE SOUTH ORANGE AVE · SUITE 406 · ORLANDO · FL 32801  
PHONE: 407.447.0050 · FAX: 407.447.0055

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

October 15, 2002

Jim Smith, Secretary of State  
Florida Department of State  
PL-02, The Capitol  
Tallahassee, FL 32399-0250

RE: Axena USA, Inc  
Document # L01000014661

Dear Sir,

It came to my attention today that our company was rendered "inactive" on October 4, 2002, for failure to file the required Uniform Business Report / Annual Report. As we incorporated on August 27, 2001, this was our first renewal for our new company.

We moved locations in January 2002, from our former offices at 215 East Livingston Street, Orlando, FL 32801 to:

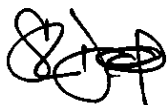
**1 South Orange Avenue, Suite 406, Orlando, FL 32801**

We did not receive any notification from your department of the requirement for the filing of this Annual Report, and only learned of our status through a third party. Our mail has not been forwarded. We wish to be reinstated as soon as possible, and would request that the reinstatement fee for this year be waived.

We would also like to have our records updated to show our new address.

If you have any questions, please contact me at 407.340.2700.

Sincerely,



Shawn Dahl  
President  
Axena