APPRUVEL

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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A PLUE LEY	
<b>REINSTARDANT</b>	

## FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L 0 1 0 000 14670

1. Limited Liability Company's Name

02 OCT 16 PM 1: 12

SECRETARY OF STATE FAUE AHASSEE, FLORIDA

AXENA INTERNATIONAL LLC							10	2 1/24/0	<b>0000</b> 201019	18562 5010	2272 **50.00		
2 Principal Office Address 1 S. OPANGE AVE Suite, Apt. #, etc. SUITE 406 City & State OFLANDO FL ZIP ZIP Country USA				3. Mailing Office Address  1 S. ORANGE AVE  Suite, Apt. #, etc.  SUTE 406  City & State  OPLANDO FL  Zip Country  32801 USA				4. State/Country of Formation  FL/USA  5. Date Organized or Qualified To Do Business in Florida 3-27-01  6. FEI Number					
	8. Name and Address of Current Registered Agent  Name												
	Street Address (P.O. Box Number is Not Acceptable)									<del> </del>	<u> </u>		
Suite, Apt. # Etc.													
	City	nui nui	DERMER						State FL	Zip Code	(t-7-7/	_	
9. I, being			d agent of the abov		d liability co	mpany, am fam	iliar with and ac	cept the obliga			4786	<u>&gt;                                    </u>	9/01)
Signature of Registered	of		8 A	STERED AG				·		1010			CR2E041 (9/01)
<b>10.</b> Nam	es and Street A	Addresses	of Managing Mem	bers/Managers	3				<del></del>		<del></del>		1
Titles	s Name of Managing Members/ Managers				Street Address of Each Managing Member/Manager			City / State / Zip				1	
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M66	MFRA	MK_	HAILS"	TONES	LS.	DRANK	E STE	406	ORI	ANDE	2 fz 3	1086	
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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 filling 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 or Managing M	f //ember/Manag	er	8		·		Date 10-10	<u>-07</u> .	aytime Ph	one#_ <u>U0</u> 1	7.340	) <u>. 27</u> 00	<b>)</b>
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ONE SOUTH ORANGE AVE · SUITE 406 · ORLANDO · FL · 32801 PHONE: 407.447.0050 · FAX: 407.447.0055

October 15, 2002

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

RE: Axena International, Ilc Document # L01000014670

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