L01000015645

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
07 APR 24 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

Incommerce L.L.C.

100098265521

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
Akademika Anohina		1220 N. Market St.	
Str. 34-3		Suite 808	
Moscow 127602		Wilmington, DE	
Zip	Country Russia	Zip 19801	Country USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida:

6. FEI Number: ☐ 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: Florida Filing & Search Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 155 Office Plaza Drive

Suite, Apt. #, Etc.: Suite A

City: Tallahassee | State: FL | Zip Code: 32301

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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: [signature] Date: 4/25/07

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
MBR	Mikhail Mishchenko	Akademika Anohina Str. 34-3	Moscow 127302, Russia
MGR M			

REINSTATEMENT 2025-2007

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: [signature] Attorney-In-Fact of Member Date: 4/24/07 Daytime Phone #: 302-421-5752

Typed or printed name of signing Managing Member/Manager: _____

L01000015645

FLORIDA FILING & SEARCH SERVICES, INC.
P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Drive, Suite A Tallahassee, FL 32301
PHONE: (850) 216-0457; FAX: (850) 216-0460

DATE: 04-24-07

NAME: INCOMMERCE, LLC

TYPE OF FILING: **REINSTATEMENT**

COST: $250.00

RETURN:

RECEIVED
07 APR 24 PM 12:45
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ACCOUNT: **FCA0000000015**

AUTHORIZATION: **ABBIE/PAUL HODGE**

FILED
07 APR 24 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA