

# L01000015645

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 APR 10 PM 2:07

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONSSECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L01000015645

1. Limited Liability Company's Name  
INCOMMERCE L.L.C.

## 2. Principal Office Address

1220 N. Market Street

Suite, Apt. #, etc.

Suite 606

City &amp; State

Wilmington, DE

Zip

19801

Country

USA

## 3. Mailing Office Address

1220 N. Market Street

Suite, Apt. #, etc.

Suite 606

City &amp; State

Wilmington, DE

Zip

19801

Country

USA

## 4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

9/12/2001

## 6. FEI Number

Applied For

☒ Not Applicable7. 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 &amp; Search Services, Inc.

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

1333 Duval Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32302

## 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. 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 127602, Russia
			1 00015644821

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 4-9-03

Daytime Phone # 302-421-5752

Typed or printed name of signing Managing Member/Manager

Janet M. Caruccio, attorney-in-fact for members

CR20041 (10/02)

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**PHONE: (850) 668-4318 FAX: (850) 668-3398**

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DATE: 04-10-03

NAME: INCOMMERCE L.L.C.

TYPE OF FILING: REINSTATEMENT

COST:

~~255.00~~  
205.00

RETURN:

*Good Hodge*

RECEIVED  
03 APR 10 AM 10:58  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE