

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 APR 27 PM 3:30

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000016177

1. Limited Liability Company's Name

Thinking Out of the Box

REINSTATEMENT *IBM 06-09*

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 10475 Stone Glen Drive		3. Mailing Office Address 10475 Stone Glen Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Orlando, Florida		City & State Orlando, Florida	
Zip 32825	Country United States	Zip 32825	Country United States

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 9/19/2001	
6. FEI Number 01-0566889	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		
Name Alphonso Jefferson, Jr.		
Street Address (P.O. Box Number is Not Acceptable) 10475 Stone Glen Drive		
Suite, Apt. #, Etc.		
City Orlando	State FL	Zip Code 32825

☒ 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 <i>[Signature]</i>	Date <i>4/24/2009</i>
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
CEO	Alphonso Jefferson, Jr.	10475 Stone Glen Drive	Orlando, Florida 32825

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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 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 <i>[Signature]</i>	Date <i>4/24/2009</i> Daytime Phone # <i>407-376-2541</i>
Typed or printed name of signing Managing Member/Manager <u>Alphonso Jefferson, Jr.</u>	