

PLEASE READ ALL INSTRUCTIONS BEFORE FILING

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF REVENUE
JIM SMITH
Secretary of State
DIVISION OF CORPORATIONS

L01000018089

FILED
02 OCT 16 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L01000018089**

1. Limited Liability Company's Name

AXENA SOLUTIONS LLC

600008598216
10/25/02--01097--002 **50.00

2. Principal Office Address

1 S. ORANGE AVE

Suite, Apt. #, etc.

8 SUITE 406

City & State

ORLANDO FL

Zip

32801

Country

USA

3. Mailing Office Address

1 S. ORANGE AVE

Suite, Apt. #, etc.

SUITE 406

City & State

ORLANDO FL

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

59-375 5892

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

SHAWN DATH

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 HALLSTADT	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

SHAWN DATH

Date **10-10-02**

Daytime Phone # **407.340.2700**

Typed or printed name of signing Managing Member/Manager

SHAWN DATH

CR2004 (9/01)

AXENA
ONE SOUTH ORANGE AVENUE, SUITE 406, ORLANDO, FL 32801
PHONE: 407.340.2700 FAX: 407.340.2705

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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 Solutions, llc
Document # L01000018089

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