LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SEC
DIVISIO ... STATE
06 FEB -8 AM 10: 54

DOCUMENT # LO1000020253

CR2E041 (8/05)

1. Limited Liability Company's Name

INNER CIRCLE MARKETING

2. Principal Office Address
12421 N. FLORIDA AVE.

Suite, Apt. #, etc.
STE. D-204

City & State
TAMPA, FLORIDA

Zip 33612   Country U.S.

3. Mailing Office Address
(SAME)

Suite, Apt. #, etc.

City & State

Zip   Country

4. State/Country of Formation
FLORIDA / HILLSBOROUGH

5. Date Organized or Qualified To Do Business in Florida   12-2001

6. FEI Number   65-1154494
☐ 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   MARILYN C. PAXTON

Street Address (P.O. Box Number is Not Acceptable)
12421 N. FLORIDA AVENUE

Suite, Apt. #, Etc.   SUITE D-204

300066205843
02/20/06--01049--017   **250.00

City   TAMPA   State FL   Zip Code 33612

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   Marilyn C. Paxton
REGISTERED AGENT MUST SIGN

Date   1-23-06

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
PRES	BRIAN J. FILLWEBER	1649 SEABREEZE DR.	TARPON SPRINGS, FL 34689
MGR	SUZANNE PEARL	1649 SEABREEZE DR.	TARPON SPRINGS FL 34689
		REINSTATEMENT 04-06	

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   1-23-06   Daytime Phone #   813 935-9656

Typed or printed name of signing Managing Member/Manager   BRIAN J. FILLWEBER