

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

02 OCT 29 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000022223

Name and Mailing Address

0011051 01 FP 0.352 **PRSRT H3 0 0615 33956-237021



IDEA-TECHNOLOGY.COM, LLC
4021 GALT ISLAND AVENUE
ST. JAMES CITY FL 33956-2370

REINSTATEMENT 2002



2. New Mailing Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

12/20/2001

Principal Place of Business

4021 GALT ISLAND AVENUE
ST. JAMES CITY FL 33956

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

65-1134018

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

JOHNSON, LOWELL E
4021 GALT ISLAND AVENUE
ST. JAMES CITY FL 33956

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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 10/23/2002

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Dir	LOWELL E JOHNSON	4021 GALT ISLAND AVE ST JAMES CITY	ST JAMES CITY FL 33956
Dir	BABBY J JOHNSON	4021 GALT ISLAND AVE	ST JAMES CITY FL 33956

100008666311
10/29/02--01069--022 **150.00

12. 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

10/23/02

Daytime Phone #

239-282-1395

Typed or printed name of signing Managing Member/Manager

LOWELL E JOHNSON

CR2E084 (8/02)