

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JAN 22 PM 1:34

1. DOCUMENT # L02000000726
Name and Mailing Address

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INA GLOBAL GROUP, LLC
PO BOX 79163
TAMPA FL 33619-0163



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business PO BOX 79163 TAMPA FL 33619		5. Date Organized or Qualified To Do Business in Florida 01/07/2002	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 450 466 006 Applied For Not Applicable	
8. Name and Address of Current Registered Agent LEVER, GONZALO W 121 3RD AVENUE N. SUITE 106 ST. PETERSBURG FL 33701		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Lever, Gonzalo W Street Address (P.O. Box Number is Not Acceptable) 1740 2nd Ave N. UNIT B City St. Petersburg FL Zip Code 33713			
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 Date 1-16-03 REGISTERED AGENT MUST SIGN			
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
vice-pres	Gonzalo E. Lever	1710 Needle Leaf Plc. #C Tampa FL 3	Tampa FL 33617
vice-pres	Virgil Ealy	1009 E. Mohawk Ave APT B	Tampa FL 33604
pres	Gonzalo W. Lever	1740 2nd Ave N UNIT B	St Petersburg FL 33713
100027441331 REINSTATEMENT 03/04/04 01/22/04--01072--012 **205.00 03/04/04 03/04/04			

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 1-16-03 Daytime Phone (813) 732-4669

Typed or printed name of signing Managing Member/Manager Gonzalo E. Lever