

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

2003 DEC -4 PM 1:35

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000004397

Name and Mailing Address

0014443 01 AT 0.292 **AUTO T2 0 0615 34108-215540

INTERPATTERN USA, LLC
10140 VANDERBILT DR.
NAPLES FL 34108-2155

300025200853
12/04/03--01003--029 **155.00



2. New Mailing Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida 02/22/2002

Principal Place of Business
10140 VANDERBILT DR.
NAPLES FL 34108

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

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

EURO-AMERICAN FINANCIAL SERVICES, INC.
2800 SPANISH WELLS BLVD.
BONITA SPRINGS FL 34135

9. Name and Address of New Registered Agent

Name ALLURE ACCOUNTING, LLC

Street Address (P.O. Box Number is Not Acceptable)
28000 SPANISH WELLS BLVD

City BONITA SPRINGS

FL Zip Code 34135

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 11/19/03

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
MGR	LUTTERLOH, GERHARD	10140 VANDERBILT DR.	NAPLES FL 34108

REINSTATEMENT 2003

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

FRANK LUTTERLOH

Date 10-18-2003 Daytime Phone # 239-598-1830

Typed or printed name of signing Managing Member/Manager.

FRANK LUTTERLOH

CR2E084 (7/03)