## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State **DIVISION OF CORPORATIONS** 

1. DOCUMENT #

L02000005890

Name and Mailing Address

0011037 01 AT 0.292 \*\*AUTO TO 0 0615 34241-964881 DIRECT INNOVATIONS MARKETING, LLC 8881 WILD DUNES DR. SARASOTA FL 34241-9648

FILED

2003 NOV 19 AM 7:55

DIVIDION OF CORPORATIONS FALLAHASSEE, FLORIDA



2. New Mailing Address  SSO S. TAMIAMITRAIL #426  City, State, Zip			4. State/Country of Formation  FL  5. Date Organized or Qualified  7. Date Organized or Qualified		
SARASOTA FL 34236			To Do Business in Florida 03/08/2002		
Principal Place of Business  8881-WILD-DUNES-DR. SARASOTA FL-34241-	3. New Principal Place of Busine  8505. TOM/AM/  City, State, Zip  50 RASSTA FL 3	TRAIL #128	7. S5.00 Additional Fee required		
A No. 10 Add 10		T	tor a Certificate of Status		
8. Name and Address of Current Registered Agent		Name and Address of New Registered Agent     Name			
KOKORELIS, KARA L <del>8881. WILD:DUNES-DR</del> . SARASOTA:EL <del>-3424</del> 1		Street Address (P.O. Box Number is Not Acceptable)			
	850 S. TAMIAMI TRAIL # 428				
•		SARASOTA	FL	Zin Code 34236	
R	KATURE REQUIRI  EGISTERED AGENT MUST SIGN  Member/Manager	ED	Date		
Title(s) Names and Street Addresses of Each Managing Member/Manager  Name of Managing Members/Managers  Name of Managing		eet Address of Each ging Member/Manager  City / State / Zip			
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	-	REINSTAT	EMENT 200	3	
<ol> <li>I certify that I am managing member/manager of filing this reinstatement application the reason for all fees owed by the limited liability company haves.</li> </ol>	r dissolution has been eliminated, the	limited liability company name satisf	ies the requirements of section 6	08.406. F.S., and that	

Signature of

Typed or printed name of signing Managing Member/Manager