

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 18 PM 1:36

LR 12/01

1. DOCUMENT # L02000009438

Name and Mailing Address

0014338 01 AT 0.292 **AUTO T2 0 0615 34103-476486



INATOME VENTURES, LLC
286 BOWLINE DRIVE
NAPLES FL 34103-4764



REINSTATEMENT 2003

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 286 BOWLINE DRIVE NAPLES FL 34103		5. Date Organized or Qualified To Do Business in Florida 04/19/2002	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number Applied For <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/>	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent INATOME, RICK 1100 5TH AVE. SOUTH, STE. 401 NAPLES FL 34102		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 300024796963 11/18/03--01033--010 **150.00 City FL Zip Code	
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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 _____ **SIGNATURE REQUIRED** _____ Date _____

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
MGRM	INATOME, RICK	286 BOWLINE DRIVE	NAPLES FL 34103
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 _____ **SIGNATURE REQUIRED** _____ Date 11/10/03 Daytime Phone # 239-659-5288

Typed or printed name of signing Managing Member/Manager