

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

03 NOV 10 AM 10:52

1. DOCUMENT # L02000015798

Name and Mailing Address

0002943 01 AT 0.292 **AUTO T3 0 0615 32750-383605



IMMEDIATE MODE INTERACTIVE LLC
305 RAVEN ROCK LANE
LONGWOOD FL 32750-3836

000024529930
11/10/03--01009--007 **150.00



2. New Mailing Address 1855 Eastbrook Blvd City, State, Zip Winter Park FL 32792		4. State/Country of Formation FL	
Principal Place of Business 305 RAVEN ROCK LANE LONGWOOD FL 32750		5. Date Organized or Qualified To Do Business in Florida 06/24/2002	
3. New Principal Place of Business Address 1855 Eastbrook Blvd City, State, Zip Winter Park FL 32792		6. FEI Number 11-3648801 Applied For <input type="checkbox"/> Not Applicable	
		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 KENDALL, SHAWN 305 RAVEN ROCK LANE LONGWOOD FL 32750		9. Name and Address of New Registered Agent Name Kendall, Shawn Street Address (P.O. Box Number is Not Acceptable) 1855 Eastbrook Blvd City Winter Park FL Zip Code 32792	
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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 *Shawn Kendall* **SIGNATURE REQUIRED** Date 11/1/2003
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	KENDALL, SHAWN	305 RAVEN ROCK LANE	LONGWOOD FL 32750
MGRM	Kendall, Shawn	1855 Eastbrook Blvd	Winter Park FL 32792

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 *Shawn Kendall* **SIGNATURE REQUIRED** Date 11/1/2003 Daytime Phone # 407-671-2505

Typed or printed name of signing Managing Member/Manager