

FILED

03 DEC -1 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Mailing Address

0009920 01 AT 0.292 **AUTO T6 0 0615 33711-451105



ENVISION IT SOLUTIONS, LLC

4905 34TH STREET SOUTH


#106

SAINT PETERSBURG FL 33711-4511



CR2EQ84 (7/03)

12. I certify that I am managing member/manager of 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 reasons for dissolution have 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 11-2-03 Daytime Phone # 727 866 1903

Typed or printed name of signing Managing Member/Manager _____