50.
100
150.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 AUG 18 AM 10:48

DOCUMENT # L02000032274

1. Limited Liability Company's Name
Inn Connect LLC

2. Principal Office Address	3. Mailing Office Address
250 Julia Cr N	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Petersburg, FL	City & State
Zip: 33706 Country: USA	Zip Country

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 12/3/2002

6. FEI Number: 22-3870191 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

600057749346
Name: CT Corporation System 07/21/05--01052--001 **150.00

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.

600057749346
09/24/05--01051--002 **100.00

City: Plantation, State: FL Zip Code: 33324

9. 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: Barbara A Berke BARBARA A. BERKE SPECIAL ASSISTANT SECRETARY Date: 7.11.05
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Mathias Reymann	250 Julia cr N	St. Pete, FL 33706
MGR	Andreas Reymann	Platanenweg 3	68766 Hockenheim, Germany
MGR	Joerg Reymann	Grünewaldstr. 4	69126 Heidelberg, Germany
MGR	Robert Snauwaert	9419 Dixie Highway	Fairhaven, MI 48023
		REINSTATEMENT 03-05	

11. 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: M. Reymann Date: 7/11/05 Daytime Phone #: 727-363-7732

Typed or printed name of signing Managing Member/Manager: REYMANN