

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF
SECRETARY OF STATE

1. DOCUMENT # L02000033031

Name and Mailing Address

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IMKNOW, LLC
4399 FLAX COURT
PALM BEACH GARDENS FL 33410-5415

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/10/2002	
Principal Place of Business 4399 FLAX COURT PALM BEACH GARDENS FL 33410	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 810586919	Applied For Not Applicable
8. Name and Address of Current Registered Agent PITCHFORD, GARY L 4399 FLAX COURT PALM BEACH GARDENS FL 33410		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 <i>Gary L Pitchford</i> SIGNATURE REQUIRED Date <u>12-24-03</u> 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
MGR	PITCHFORD, GARY L	4399 FLAX COURT	PALM BEACH GARDENS FL 33410
REINSTATEMENT <u>03</u> 100025776241 12/26/03--01073--008 **150.00			
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 <i>Gary L Pitchford</i> SIGNATURE REQUIRED Date <u>12-24-03</u> Daytime Phone # <u>561.778.7579</u> Typed or printed name of signing Managing Member/Manager			

CR2E034 (7/03)