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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Glenn E. H...
Secretary of State
DIVISION OF CORPORATIONSAPPROVED
AND
FILED

1. DOCUMENT # L02000033177

Name and Mailing Address

03 NOV 24 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0010357 01 AT 0.232 **AUTO HB 0 0615 33813-172730

INNOVATIVE ORTHODONTIC PRODUCTS, L.L.C.
330 E. HIGHLAND DRIVE
LAKELAND FL 33813-1727

REINSTATEMENT



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/11/2002	
Principal Place of Business 330 E. HIGHLAND DRIVE LAKELAND FL 33813	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 16-1644994	Applied For Not Applicable
8. Name and Address of Current Registered Agent HILLIARD, JACK KEITH 330 E. HIGHLAND DRIVE LAKELAND FL 33813		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) 11724/03--01016--001 **150.00 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 <u>JACK KEITH HILLIARD</u> Date <u>November 14, 2003</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	HILLIARD, JACK KEITH	330 E. HIGHLAND DRIVE	LAKELAND FL 33813
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 <u>JACK KEITH HILLIARD</u>		Date <u>November 14, 2003</u> Time Phone # <u>863 644 0430</u>	
Typed or printed name of signing Managing Member/Manager			

CR2EQ34 (7/03)