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 FEB 15 AM 8:51

DOCUMENT # L03000022740

1. Limited Liability Company's Name
Innovative Investment Group, LLC

REINSTATEMENT 04-05

2. Principal Office Address		3. Mailing Office Address	
7100 Grace Road		PO Box 1388	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Orlando, Florida		City & State: Windermere, Florida	
Zip: 32819	Country: US	Zip: 34786	Country: US

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business In Florida: 06/23/03

6. FEI Number: ✔ Applied For / Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ — $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Miller, South, Milhausen & Carr, P.A. c/o Jeffrey P. Milhausen, Esq.

Street Address (P.O. Box Number is Not Acceptable): 2699 Lee Road

Suite, Apt. #, Etc.: Suite 120

City: Winter Park | State: FL | Zip Code: 32789

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: For the Firm — REGISTERED AGENT MUST SIGN — Date: 12.6.04

CR2E041 (10/02)

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	Alan Siegel	7100 Grace Road	Orlando, FL 32819
Mgr	Kim Siegel	7100 Grace Road	Orlando, FL 32819
		200043274072 12/08/04--01046--013 **100.00	
		200043274072 02/23/05--01041--002 **100.00	

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: Alan Siegel — Date: 12/3/04 — Daytime Phone#: (321) 303-2021

Typed or printed name of signing Managing Member/Manager: Alan Siegel