

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # L03000041386

1. Limited Liability Company's Name

SAGEWIRE LLC

W08-12178

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 5125 ADANSON ST., STE. 500 Suite, Apt. #, etc.		3. Mailing Office Address 5125 ADANSON ST., STE. 500 Suite, Apt. #, etc.	
City & State ORLANDO, FL		City & State ORLANDO, FL	
Zip 32804	Country Orange	Zip 32804	Country Orange

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 10/28/2003	
6. FEI Number 200341788	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name THOMAS P PAGE			
Street Address (P.O. Box Number is Not Acceptable) 5125 ADANSON ST., STE. 500			
Suite, Apt. #, Etc.			
City ORLANDO	State FL	Zip Code 32804	

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

REGISTERED AGENT MUST SIGN

Date 3-3-8

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	THOMAS P PAGE	5125 ADANSON ST., SUITE 500	ORLANDO FL 32804

100119997931  
03/11/08--01032--003 \*\*133.75  
03/05/08 0003 011 \$282.50  
REINSTATEMENT  
WOP 06-08

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

Date

3-3-8

Daytime Phone # 407-629-4811

Typed or printed name of signing Managing Member/Manager

Manager