L04000001151

A20.w 9-16-05

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
2006 FEB 27 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000001151

1. Limited Liability Company's Name
EL-SCHIEB INNOVATIONS, LLC

05

CR2F041 (8/05)

2. Principal Office Address	3. Mailing Office Address
450 S. Orange Ave.	~~P.O. Box 941651~~
Suite, Apt. #, etc: Suite 500	Suite, Apt. #, etc: 70 CYPRESS LN
City & State: Orlando, FL	City & State: Maitland, FL 32751
Zip: 32801 Country: USA	Zip: ~~32794-1651~~ Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 01/01/04

6. FEI Number: 20-4261609 ☐ 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

000067307660
03/07/06--01021--010 **55.00

Name: CFRA, LLC

Street Address (P.O. Box Number is Not Acceptable): Corporate Center Three at International Plaza, 4221 W. Boy Scout Blvd.

Suite, Apt. #, Etc: 10th Floor

City: Tampa State: FL Zip Code: 33607-5736

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: [signature] Date: 2-6-06

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	Mark L. Schiebler	~~P.O. Box 941651~~ 70 Cypress Lan	Maitland, FL ~~32794-1651~~ 32751

REINSTATEMENT 2005 - 2006

000067307660
03/07/06--01021--011 **50.00

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: M Schiebler, manager Date: 12/31/05 Daytime Phone #: 407-619-3437

Typed or printed name of signing Managing Member/Manager