

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000002088

**Entity Name:** THE SCIFI ZONE, LLC

**FILED**  
**Oct 05, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

330 ENGLISH LAKE DR  
WINTER GARDEN, FL 34787

**New Principal Place of Business:**

**Current Mailing Address:**

330 ENGLISH LAKE DR  
WINTER GARDEN, FL 34787

**New Mailing Address:**

**FEI Number:** 11-3711330

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FULD, JOHN W  
330 ENGLISH LAKE DR  
WINTER GARDEN, FL 34787 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JOHN W. FULD

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: FULD, JOHN W  
Address: 330 ENGLISH LAKE DRIVE  
City-St-Zip: WINTER GARDEN, FL 34787

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOHN W. FULD, PH.D.

MGR

10/05/2005

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Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date