

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 MAY - 10 PM 4:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/11)

DOCUMENT # L04000016303

1. Limited Liability Company's Name

Innovative Consolidation, LLC
345 Bayshore Blvd., Unit 1901
Tampa, FL 33606

2. Principal Office Address - No P.O. Box #

345 Bayshore Blvd.

3. Mailing Office Address

Suite, Apt. #, etc.

Unit 1901

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Zip

33606

Country

US

Zip

Country

4. State/Country of Formation

Hillsborough

5. Date Organized or Qualified
To Do Business in Florida

3/1/2004

6. FEI Number

203202815

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

E-mail Address:

900247824289
05/10/13--01021--012 **521.25

CARTER.MCCAIN@CHASEINTLOFICE.COM

(To be used for future annual report notices)

8. Name and Address of Current Registered Agent

Name

Carter B. McCain

Street Address (P.O. Box Number is Not Acceptable)

2305 W. Watrous

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33629

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

Carter B. McCain

Date 5/1/13

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	Carter B. McCain	2305 W. Watrous	Tampa, FL 33629

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Carter B. McCain

Date 5/1/13

Daytime Phone # 813-690-6644

Typed or printed name of signing Managing Member/Manager