
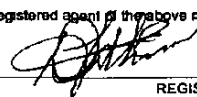



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 06 OCT 27 PM 4:19 CR2E041 (8/05)	
DOCUMENT # L04000066496					
1. Limited Liability Company's Name IO Partners LLC					
2. Principal Office Address 4109 Eastridge Circle		3. Mailing Office Address		4. State/Country of Formation	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida	
City & State Pompano Beach Florida		City & State		6. FEI Number 20-5090430	
Zip 33064	Country USA	Zip	Country	7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent					
Name Douglas Fathers					
Street Address (P.O. Box Number is Not Acceptable) 4521 PGA Blvd. #106					
Suite, Apt. #, Etc.					
City Palm Beach Gardens				State FL	Zip Code 33418
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 				Date 25 Oct 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	
MMgr	Erika J Elias	4109 Eastridge Circle		Pompano Bch FL 33064	
REINSTATEMENT				2005-06	
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 25 Oct 06 Daytime Phone # 954-803-6322	
Typed or printed name of signing Managing Member/Manager					