2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000067885

Entity Name: INNER ARMOUR, LLC

City-St-Zip:

SANIBEL, FL 33957

FILED Jul 29, 2007 Secretary of State

Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
	NVILLE CT RAL, FL 33904	US			
Current Mailing Address:			New Mailing Addr	New Mailing Address:	
	NVILLE CT RAL, FL 33904	US	PO BOX 380601 EAST HARTFORD	, CT 061380601 US	
In accordan	ce with s. 607.193(2	FEI Number Applied For() (b), F.S., the limited liability or rent Registered Agent:	FEI Number Not Applicable () ompany did not receive the prior no Name and Addres	Certificate of Status Desired (X) tice. s of New Registered Agent:	
5607 DÉAI	ARGUERITA L NVILLE CT RAL, FL 33904	US			
	named entity sub e of Florida.	omits this statement for the	e purpose of changing its registe	ered office or registered agent, or both	
SIGNATUR	RE: MARGUERI	TA MORIN			
	Electronic	Signature of Registered A	gent	Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES	:	
Title: Name: Address: City-St-Zip:	P () De FITCH, BRIAN 44 TREAT RD GLASTONBURY, C		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () De IMPELLUSE, ROB 804 BRIARWOOD ROCKY HILL, CT	ERT CT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TS () De MORIN, MARGUEF 5607 DEAUVILLE CAPE CORAL, FL	RITA CT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () De ALDEN, RIO 1130 GOLDEN OL SANIBEL, FL 3399	VE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	CEO () De MORIN, JOHN Y 1130 GOLDEN OL		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

City-St-Zip:

SIGNATURE: MARGEURITA MORIN S 07/29/2007