PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

				-1		
LIMITED LIAB COMPANY REINSTATEM		Secretar	TMENT OF STATE y of State corporations	DIV	FILED SECRETARY OF S ISION OF CCRPOR 16 NOV 29 AM 10:	IAIE ATIONS
1. Limited Liability Compa	#L050000 any's Name Enterprise				·	
2. Principal Office Addres	ss	3. Mailing Office Addre	SS	UNIT		
101 Jenks Circ		101 Jenks Circle		3. State/Country of Formation		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		- Was		
;				5. Date Organized or Qualified		
City & State		City & State		5. Date Organized or Qualified To Do Business in Florida 6/6/05		
Panama City, Florida		· ·		b. FEI Number Applied For		
INTRUITA CINO	1- FIONAL	Zip Zip	4. Horida		020297	Not Applicable
32405	UsA	32405	USA	CERTIFICATE C	OF STATUS DESIRED 🗹 😘	M Additional Fas required or a Carillisate of Status
8. Name and Address of Current Registered Agent						
LOL. Suite, Apt. City Pana	ma Coty	ot Acceptable)	ompany, am familiar with and	accept the obligatio	State Zip Code FL 32405 ns of Chapter 608, F S Date 11/21/0	6
10. Names and Street A	Addresses of Managing Mer	1				
Titles	Name of Managers Managers		Street Address of Each Managing Member/Manager		City / Sta	te / Zıp
MGRM Ellio	M Elliot Huguenard		101 Jenks Circle		Panama dity	E1 37400
					-congress con y	1 2 2 1 2 3
				• -1.	00921474 0601055005	+*155.00 **155.00
			PERST	ATEMS	11 2006)
filing this reinstateme	ent application the reason for limited liability company hav	dissolution has been elimit	npowered to execute this app nated, the limited liability comp n indicated on this application	pany name satisfies	the requirements of section	608.406, F.S , and that
Signature of Managing Member/Managing		iguenai Of		21/06 Da	ytime Phone# \$50-	625-4491
Typed or printed name of	signing Managing Member	Manager E////F	Hugwenard	· - · 		·