

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000061457

FILED
Nov 09, 2006
Secretary of State

Entity Name: AMERICAN PATENT LICENSING & INSURANCE SERVICES, LLC

Current Principal Place of Business:

601 NORTH NEW YORK AVENUE, SUITE 202A
WINTER PARK, FL 32789

New Principal Place of Business:

11036 SCHOONER WAY
ORLANDO, FL 34786

Current Mailing Address:

601 NORTH NEW YORK AVENUE, SUITE 202A
WINTER PARK, FL 32789

New Mailing Address:

11036 SCHOONER WAY
ORLANDO, FL 34786

FEI Number: 56-2519489 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LANE, CHRISTOPHER
601 NORTH NEW YORK AVENUE, SUITE 202A
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

LANE, CHRISTOPHER
11036 SCHOONER WAY
ORLANDO, FL 34786 US

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: CHRISTOPHER LANE

11/09/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LANE, CHRISTOPHER
Address: 601 NORTH NEW YORK AVENUE, SUITE 202A
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LANE, CHRISTOPHER
Address: 11036 SCHOONER WAY
City-St-Zip: ORLANDO, FL 34786

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: CHRISTOPHER LANE

MGRM

11/09/2006

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