

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 27 PM 3:33



10112006 REIN-LLC CR2E101 (11/05)

DOCUMENT # L05000068563 1. Entity Name IPO, LLC					
Principal Place of Business P.O BOX 3664 ORLANDO, FL 32802			Mailing Address P.O BOX 3664 ORLANDO, FL 32802		
2. Principal Place of Business		3. Mailing Address 1964 Howell Branch Rd. Suite, Apt. #, etc. 205 City & State Winter Park, FL Zip 32792 Country USA			
Suite, Apt. #, etc.		4. FEI Number 20-3132200 Applied For Not Applicable			
City & State		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
Zip		6. Name and Address of Current Registered Agent FLORIDA CORPORATE COUNSEL, LLC 601 CLEVELAND ST. SUITE 501-25 CLEARWATER, FL 33755			
Country		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>[Signature]</u> DATE 10/18/06 <small>Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR O'DONNELL, MICHAEL W PO BOX 3664 ORLANDO, FL 32802 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	900081304129 10/27/06--01062--009 **50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<div style="display: flex; justify-content: space-between; align-items: center;"> <div> 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>[Signature]</u> <u>Managing Member</u> <u>10/20/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> </div> <div style="text-align: center;"> <h2 style="margin: 0;">REINSTATEMENT 2006</h2> </div> </div>					