

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000091094

Entity Name: POLLYACTIVE LLC

**FILED**  
**Jun 21, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

5480 NORTH OCEAN DR  
BLDG A # 10B  
SINGER ISLAND, FL 33404 US

**New Principal Place of Business:**

**Current Mailing Address:**

5480 NORTH OCEAN DR  
BLDG A # 10B  
SINGER ISLAND, FL 33404 US

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)  
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:**

**Name and Address of New Registered Agent:**

BATISTA, POLLYANNA  
5480 NORTH OCEAN DR  
BLDG A # 10B  
SINGER ISLAND, FL 33404 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: POLLYANNA BATISTA

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BATISTA, POLLYANNA  
Address: 5480 NORTH OCEAN DR, BLDG A # 10B  
City-St-Zip: SINGER ISLAND, FL 33404 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: POLLYANNA BATISTA

MGR

06/21/2007

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