

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000092369

1. Limited Liability Company's Name

INDUSTRY PLUG, LLC

FILED
07 SEP 17 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK
06

2. Principal Office Address - No P.O. Box #
1337 Weston Woods Blvd.

3. Mailing Office Address
1337 Weston Woods Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Orlando, Florida

City & State
Orlando, Florida

Zip
32818

Country

Zip
32818

Country

8. Name and Address of Current Registered Agent

Name
SPIEGEL & UTRERA, P.A.

Street Address (P.O. Box Number is Not Acceptable)

1840 Southwest 22nd Street

BK

Suite, Apt. # Etc.

4th Floor

City
Miami

State
FL

Zip Code
33145

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

SPIEGEL & UTRERA, P.A.

Signature of
Registered Agent

BY: NATALIA UTRERA, VICE PRESIDENT
REGISTERED AGENT MUST SIGN

Date 9-14-07

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Valcourt, Erica L.	1337 Weston Woods Blvd.	Orlando, Florida 32818
			7000109871577 09/25/07--01008--014 **100.00

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Erica Valcourt

Date 9/13/07 Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager _____