2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 11, 2006
Secretary of State

DOCUMENT# L05000104018

Entity Name: PROACTIVE INFORMATION SERVICES, LLC

Current Principal Place of Business:

1583 E SILVER STAR ROAD
#304
OCOEE, FL 34761 US

New Principal Place of Business:

Current Mailing Address:

1583 E SILVER STAR ROAD
#304
OCOEE, FL 34761 US

New Mailing Address:

FEI Number: 20-3678685 **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:

SMALLEY & COMPANY, P.A.
1517 E HILLCREST STREET
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

WYAND, ERIK
1583 E SILVER STAR ROAD
#304
OCOEE, FL 34761 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: ERIK WYAND 10/11/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: WYAND, ERIK
Address: 1583 E SILVER STAR ROAD #304
City-St-Zip: OCOEE, FL 34761 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM ( ) Change (X) Addition
Name: WYAND, STEPHANIE
Address: 1583 E SILVER STAR ROAD #304
City-St-Zip: OCOEE, FL 34761 US

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: ERIK WYAND MGRM 10/11/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date