

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000109850

Entity Name: FORTUNE RESEARCH, LLC

FILED  
Oct 18, 2007  
Secretary of State

**Current Principal Place of Business:**

4312 GLENVIEW DR.  
LAKELAND, FL 33810

**New Principal Place of Business:**

**Current Mailing Address:**

4312 GLENVIEW DR.  
LAKELAND, FL 33810

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 US

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

THOMAS, VANN E III  
4312 GLENVIEW DRIVE  
LAKELAND, FL 33810 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: THOMAS E VANN III

10/18/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: VANN, CANDY  
Address: 4312 GLENVIEW DR.  
City-St-Zip: LAKELAND, FL 33810

Title: MGRM ( ) Delete  
Name: VANN, JOEL  
Address: 4312 GLENVIEW DR.  
City-St-Zip: LAKELAND, FL 33810

**ADDITIONS/CHANGES:**

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

Title: MGRM (X) Change ( ) Addition  
Name: VANN, THOMAS E III  
Address: 4312 GLENVIEW DR.  
City-St-Zip: LAKELAND, FL 33810

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: THOMAS E VANN III

MGRM

10/18/2007

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