


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000121000		
1. Entity Name INOVO ACQUISITION, LLC		


Principal Place of Business 2975 HORSESHOE DRIVE SOUTH, SUITE 600 NAPLES, FL 34104	Mailing Address 2975 HORSESHOE DRIVE SOUTH, SUITE 600 NAPLES, FL 34104
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED

07 OCT 17 PM 4:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10052007 REIN-LLC CR2E101 (1/07)

4. FEI Number APPLIED FOR 20-3968972	Applied For <input checked="" type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CLARY, MARY BETH M ESQ PORTER, WRIGHT, MORRIS & ARTHUR LLP 5801 PELICAN BAY BOULEVARD, SUITE 300 NAPLES, FL 34108		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 *Mary Beth M. Clary* DATE 10-10-07

Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00 After January 1, 2008, 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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MULROY, MICHAEL J 2975 HORSESHOE DRIVE SOUTH, SUITE 600 NAPLES, FL 34104 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700110904317 10/17/07--01055--008 <input type="checkbox"/> Change <input type="checkbox"/> Addition **\$50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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REINSTATEMENT 2007

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: *Michael J. Mulroy* DATE 10/8/07 (PM) 643-6577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE