

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000013720

1. Entity Name
INFORMATIKA LLC



FILED

08 MAR 27 PM 3:00

SECRETARY OF STATE
TALLAHASSEE FLORIDA



Principal Place of Business
2001 BISCAYNE BLVD #2204
MIAMI, FL 33137 US

Mailing Address
2001 BISCAYNE BLVD #2204
MIAMI, FL 33137 US

2. Principal Place of Business - No P.O. Box #

20850 San Simon Way

3. Mailing Address

20850 San Simon Way

Suite, Apt. #, etc.

#603

Suite, Apt. #, etc.

#603

City & State
Miami, FL

City & State
Miami, FL

Zip
33179

Country
USA

Zip
33179

Country
USA

03252008 REIN-LLC

CR2E101 (1/07)

4. FEI Number

20-4277088

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PULLEN, THOMAS
2001 BISCAYNE BLVD #2204
MIAMI, FL 33137

7. Name and Address of New Registered Agent

Name Thomas Pullen

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

20850 San Simon Way #603

City Miami

FL

Zip Code
33179

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

Thomas M. Pullen

3/25/08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$277.50

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

9. MANAGING MEMBERS/MANAGERS

TITLE President (MGRM) ☐ Delete
NAME Thomas Pullen
STREET ADDRESS 20850 San Simon Way #603
CITY-ST-ZIP Miami, FL 33179

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE Vice President Marketing (MGRM) ☐ Change ☒ Addition
NAME Marissa Ebanks
STREET ADDRESS 20850 San Simon Way #603
CITY-ST-ZIP Miami, FL 33179

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

REINSTATEMENT

07.08

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:

Thomas M. Pullen

3/25/08

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

Date

Daytime Phone #