

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 DEC 18 PM 2:12

DOCUMENT # L06000028892 1. Entity Name ILLSOUL, LLC					
Principal Place of Business 9331 LARETTE DRIVE ORLANDO, FL 32817 US			Mailing Address 9331 LARETTE DRIVE ORLANDO, FL 32817 US		
2. Principal Place of Business - No P.O. Box # 7154 N. UNIVERSITY DR Suite, Apt. #, etc. 94		3. Mailing Address Suite, Apt. #, etc.			
City & State TAMARAC		City & State		4. FEI Number 12142007 REIN-LLC CR2E101 (1/07)	
Zip 33321	Country BROWARD	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MARIANO, JOSEPH 9331 LARETTE DRIVE ORLANDO, FL 32817			7. Name and Address of New Registered Agent Name: Wilgemps St Jean Street Address (P.O. Box Number is Not Acceptable): 7154 N. UNIVERSITY DR 94 City: TAMARAC FL Zip Code: 33321		
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:  DATE: 12/14/07 <small>Signature of individual or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
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	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ST. JEAN, WILGEMPS 8265 CASSIA TERRACE TAMARAC, FL 33321	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	300113268543 12/19/07--01014--001 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARIANO, JOSEPH 9331 LARETTE DRIVE ORLANDO, FL 32817	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SARVARI, SAJID 1338 KELSO BOULEVARD WINDERMERE, FL 34786	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROMAN, CHRISTOPHER 5417 DAHLIA RESERVE DRIVE KISSIMMEE, FL 34758	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  - Wilgemps St Jean 12/14/07 954-2757407 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

REINSTATEMENT 2007