
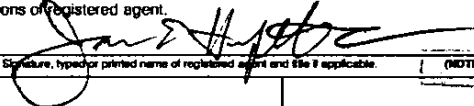
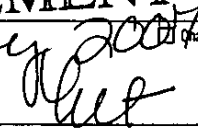



# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 NOV 16 PM 3:50

<b>DOCUMENT # L06000094299</b>					
1. Entity Name <b>IDEA FACTORY LLC</b>					
Principal Place of Business <b>7634 BAYHILL COURT NEW PORT RICHEY, FL 34654 US</b>			Mailing Address <b>7634 BAYHILL COURT NEW PORT RICHEY, FL 34654 US</b>		
2. Principal Place of Business - No P.O. Box # <b>10821 CHENEQUA CT.</b>			3. Mailing Address <b>10821 CHENEQUA CT.</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>NEW PORT RICHEY, FL</b>			City & State <b>NEW PORT RICHEY, FL</b>		
Zip <b>34654</b>		Country <b>USA</b>	Zip <b>34654</b>		Country <b>USA</b>
4. FEI Number <b>20-5630059</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent <b>HARTZELL, JAMES 7634 BAYHILL COURT NEW PORT RICHEY, FL 34654</b>			7. Name and Address of New Registered Agent Name <b>JAMES HARTZELL</b> Street Address (P.O. Box Number is Not Acceptable) <b>10821 CHENEQUA CT.</b> City <b>NEW PORT RICHEY</b> <b>FL</b> Zip Code <b>34654</b>		
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 <b>11/06/07</b> (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	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARTZELL, JAMES 7634 BAYHILL COURT NEW PORT RICHEY, FL 34654 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARTZELL, JAMES 10821 CHENEQUA COURT NEW PORT RICHEY FL 34654 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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	
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	
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	
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	
<div style="text-align: center;"> <b>REINSTATEMENT</b>  <b>w/o Penalty 2007</b>   </div>					
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: 			Date <b>10/23/07</b> Daytime Phone # <b>727-848-4000</b>		