

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 FEB -3 AM 8:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000107263

1. Limited Liability Company's Name

Inspiration Laboratories LLC

000166942830
01/22/10--01016--014 **521.25
CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #

8201 Peters Road

Suite, Apt. #, etc.

1000

City & State

Plantation, FL

Zip

33424

Country

USA

3. Mailing Office Address

8201 Peters Road

Suite, Apt. #, etc.

1000

City & State

Plantation, FL

Zip

33424

Country

USA

4. State/Country of Formation

Florida/ USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

20-5840793

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

INCORP SERVICES, INC.

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

17855 67th Court North

Suite, Apt. #, Etc.

City

Loxahatchee

State

FL

Zip Code

33470

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Lee Jenkins on behalf of Incorp Services, Inc.

Date 1-18-10

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Scott Hilton-Clarke	8201 Peters Rd Suite 1000	Plantation, FL 33424

000166942830
02/02/10--01028--008 **133.75

REINSTATEMENT 07-10

11. E-mail Address: Scott@Inspiration-Labs.com

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608 406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of

Managing Member/Manager

SCOTT HILTON-CLARKE

Date JAN 6, 2010

Daytime Phone # 954-617-5441

Typed or printed name of signing Managing Member/Manager

SCOTT HILTON-CLARKE