


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>LO7000030792</u>		<p>FILED</p> <p>2010 JAN 11 AM 10:13</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA 580165752305 01/11/10--01052--017 **421.25</p> <p>CR2E041 (11/09)</p>	
1. Limited Liability Company's Name <u>Inko Etc. LLC</u>			
2. Principal Office Address - No P.O. Box # <u>7210 Switchgrass Trail</u> Suite, Apt. #, etc. _____			
3. Mailing Office Address <u>7210 Switchgrass Trail</u> Suite, Apt. #, etc. _____		State/Country of Formation <u>Fla. / U.S.A</u>	
City & State <u>Lakewood Ranch Fla.</u>		5. Date Organized or Qualified To Do Business in Florida <u>3/21/2007</u>	
Zip <u>34202</u>	Country <u>U.S.A.</u>	6. FEI Number <u>45-0490267</u>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status			
8. Name and Address of Current Registered Agent			
Name <u>Mr. Jason Kraft</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>7210 Switchgrass Trail</u>			
Suite, Apt. #, Etc. _____			
City <u>Lakewood</u>		State <u>FL</u>	Zip Code <u>34202</u>
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 <u>[Signature]</u>		Date <u>1/5/2010</u>	
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
<u>MEM.</u>	<u>Jason Kraft</u>	<u>7210 Switchgrass Trail</u>	<u>Lakewood Ranch FL 34202</u>
11. E-mail Address: <u>info@inko-etc.org</u>			
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 <u>[Signature]</u>		Date <u>1/5/2010</u> Daytime Phone # <u>941-993-8943</u>	
Typed or printed name of signing Managing Member/Manager _____			