

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000044222

Entity Name: INNOVATI MARKETING, LLC

FILED
Oct 15, 2009
Secretary of State

Current Principal Place of Business:

2032 CORAL GARDENS DR.
WILTON MANORS, FL 33306 US

New Principal Place of Business:

2500 NE 17TH TERRACE
WILTON MANORS, FL 33305 US

Current Mailing Address:

2032 CORAL GARDENS DR.
WILTON MANORS, FL 33306 US

New Mailing Address:

2500 NE 17TH TERRACE
WILTON MANORS, FL 33305 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HENLEY, VERONICA I
2032 CORAL GARDENS DR.
WILTON MANORS, FL 33306 US

Name and Address of New Registered Agent:

HENLEY, VERONICA I
2500 NE 17TH TERRACE
WILTON MANORS, FL 33305 US

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.

SIGNATURE: VERONICA I. HENLY

10/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HENLEY, VERONICA I
Address: 2032 CORAL GARDENS DR.
City-St-Zip: WILTON MANORS, FL 33306 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HENLEY, VERONICA I
Address: 2500 NE 17TH TERRACE
City-St-Zip: WILTON MANORS, FL 33305 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: VERONICA I. HENLEY

MGRM

10/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date