

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 10 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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02/03/10--01039--011 **282.50

CR2E041 (11/09)

DOCUMENT # L08000099443
1. Limited Liability Company's Name
Earth Outreach International LLC

2. Principal Office Address - No P.O. Box #
313 Dirksen Drive
Suite, Apt. #, etc.
Building D Suite K
City & State
De Bary FL
Zip
32713 Country

3. Mailing Office Address
Suite, Apt. #, etc.
City & State
Zip Country

4. State/Country of Formation
Florida, USA

5. Date Organized or Qualified To Do Business in Florida
8/27/2008

6. FEI Number
94-3448284 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
Phillip Valentine
Street Address (P.O. Box Number is Not Acceptable)
2713 W Covington Drive
Suite, Apt. #, Etc.
Deltona, FL
City
3 State
FL Zip Code
32738

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: Phillip Valentine A.R. Date 2.10.10
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
MEMBER	Phillip Valentine	2713 W Covington Dr	Deltona, FL 32738
MEMBER	Nalani Deborah Swift	2713 W Covington Dr	Deltona, FL 32738

11. E-mail Address: info@earthoutreachinternational.org
(To be used for future annual report notices)

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: [Signature] Date: 2/10/10 Daytime Phone #: 386.456.9279
Typed or printed name of signing Managing Member/Manager