

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2016 NOV 10 AM 11:04

DOCUMENT # L14000073400

1. Limited Liability Company's Name

Innovative Mechanical Systems, LLC

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

14950 Heathrow Forest Parkway

Suite, Apt. #, etc

150

City & State

Houston, TX

Zip

77032

Country

USA

3. Mailing Office Address

14950 Heathrow Forest Parkway

Suite, Apt. #, etc

150

City & State

Houston, TX

Zip

77032

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

May 6, 2014

6. FEI Number

46-5581263

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

Corporation Service Company

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

1201 Hays Street

Apt. #, Etc

City

Tallahassee

State

FL

Zip Code

32301

200292199102

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Melissa Zender

Asst. Vice President

Date

11/9/16

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representative/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Steve Tuozzo	14950 Heathrow Forest Parkway, Ste. 150	Houston, TX 77032
MGR	Steve Ragiel	14950 Heathrow Forest Parkway, Ste. 150	Houston, TX 77032

11. E-mail Address licensing@brace.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date

11/9/16

Daytime Phone #

(281) 749-1020

Typed or printed name of signing authorized representative/member

PLEASE FILE FIRST
THANKS!

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 364979 7952141

AUTHORIZATION :

[Signature]

COST LIMIT : \$ 238.75

ORDER DATE : November 9, 2016

ORDER TIME : 2:38 PM

ORDER NO. : 364979-005

CUSTOMER NO: 7952141

DOMESTIC FILINGS

NAME: INNOVATIVE MECHANICAL SYSTEMS,
LLC

RECEIVED
DEPARTMENT OF REVENUE
16 NOV -9 PM 3:56

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - Ext#

EXAMINER'S INITIALS _____