

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -2 PM 11:02

DOCUMENT #

1. Limited Liability Company's Name

Industrozone Technologies, L.C.

~~991-486-403~~
196-441

nf

REINSTATEMENT 2000

2. Principal Office Address

1601 W Marion Ave

Suite, Apt. #, etc.
103

City & State

Punta Gorda FL

Zip

33950

Country

Charlotte

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida/Charlotte

5. Date Organized or Qualified
To Do Business in Florida

4/18/96

6. FEI Number

65-0753312

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

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Date 10/30/00

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.	Konides, Jim	% 1601 W Marion Ave #103	Punta Gorda FL 33950
			700003456497--4
			-11/07/00--01144--015--
			****150.00 ****150.00

11. 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

Date 10/30/00

Daytime Phone # 941 575 9803

Typed or printed name of signing Managing Member/Manager

JIM KONIDES

CR2E041 (9/99)