

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
REINSTATEMENT

**L97000000843**

FILED

03 OCT 21 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L97000000843

Name and Mailing Address

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GROWTH INNOVATIONS, L.C.  
500 ORCHARD POND RD.  
TALLAHASSEE FL 32312-0960



2. New Mailing Address  City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 500 ORCHARD POND RD. TALLAHASSEE FL 32312		5. Date Organized or Qualified To Do Business in Florida 08/04/1997	
3. New Principal Place of Business Address  City, State, Zip		6. FEI Number 59-3468035 Applied For Not Applicable	
8. Name and Address of Current Registered Agent BIST, MICHAEL P 1300 THOMASWOOD DRIVE TALLAHASSEE FL 32312		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 300023985859 10/21/03--01139--009 **150.00 City FL Zip Code			

10. I, being appointed 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 **SIGNATURE REQUIRED** Date 10/17/2003

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<del>MGRM</del>	<del>PHIPPS, JEFFREY S</del>	<del>5010-400 N MONROE ST., STE 203</del>	<del>TALLAHASSEE, FL 32303</del>
MGRM	PHIPPS, JEFFREY S	500 ORCHARD POND RD	TALLAHASSEE, FL 32312

REINSTATEMENT 03  
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12. I certify that I am managing member/manager of 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 its filing 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 REQUIRED** Date 10/17/2003 Daytime Phone # 8508936073

Typed or printed name of signing Managing Member/Manager