

L98000002828

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUN 25 AM 10: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # - L98000002828

1. Limited Liability Company's Name

Intuition Guarantee Services, L.L.C.

REINSTATEMENT

2002-2003

100018445871

05/07/03--01019--023 **200.00

2. Principal Office Address

6420 Southpoint Pkwy.

3. Mailing Office Address

3015 South Parker Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified

To Do Business in Florida 11/23/1998

6. FEI Number

59-3546607

Applied For

Not Applicable

Zip

32216

Country

USA

Zip

80014

Country

USA

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Edward P. Martinez c/o Human Resources

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

6420 Southpoint Parkway

Suite, Apt. #, Etc.

City

Jacksonville,

State

FL

Zip Code

32216

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

Edward P. Martinez

REGISTERED AGENT MUST SIGN

Date

4/30/03

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
<input checked="" type="checkbox"/>	MGRM Terry Heimes	121 South 13th Street #301	Lincoln, NE 68508
<input checked="" type="checkbox"/>	MGRM Michael S. Dunlap	6801 South 27th Street	Lincoln, NE 68512
<input checked="" type="checkbox"/>	MGRM Edward P. Martinez	6420 Southpoint Parkway	Jacksonville, FL 32216
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

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

Edward P. Martinez

Date

4/30/03

Daytime Phone #

(303) 696-5411

Typed or printed name of signing Managing Member/Manager

Edward P. Martinez

CR2E041 (10/02)