

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L99000001058**

1. Limited Liability Company's Name

Innerbeat L.C.

2. Principal Office Address

4699 N. State Rd. 7

Suite, Apt. #, etc.

H

City & State

Tamarac, FL

Zip

33319

Country

USA

3. Mailing Office Address

4699 N. State Rd. 7

Suite, Apt. #, etc.

Suite H

City & State

Tamarac, FL

Zip

33319

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified

To Do Business in Florida

February 25, 1999

6. FEI Number

22-3633079

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

**\$3.00 Additional Fee required
for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name

Hans Moench

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

10325 N.W. 63rd Drive

Suite, Apt. #, Etc.

City

Parkland

State

FL

Zip Code

33076

300004707033-6

-12/06/01--01003--011

******150.00 ****150.00**

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

[Signature]

Date **10/22/2001**

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 | Hans Moench | 10325 N.W. 63rd Drive | Parkland, FL, 33076 |
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REINSTATEMENT **01**
dec

11. I certify that I am managing member, manager or 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 **10/22/2001**

Daytime Phone # **954-730-7888**

Typed or printed name of signing Managing Member/Manager **Hans Moench**