L99000003253

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H00000054097 1)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)922-4003

From:
Account Name : WADE F. JOHNSON, JR., P.A.
Account Number : I20000000157
Phone : (407)481-8927
Fax Number : (407)481-8027

FILED
00 OCT 13 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT

ACTIVEINGREDIENTS.NET, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$150.00

L99-3253

10/13

Electronic Filing Menu Corporate Filing Public Access Help

FILED
00 OCT 13 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H00000054097 1

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

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

DOCUMENT # L99000003253

1. Limited Liability Company's Name
ActiveIngredients.net, LLC

2. Principal Office Address
5828 Old Winter Garden Rd.
Suite, Apt. # etc.
City & State: Orlando, FL
Zip: 32835 Country: USA

3. Mailing Office Address
Same
Suite, Apt. #, etc.
City & State
Zip Country

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
5/24/99

6. FEI Number
59-3580237

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent
Name: Michael E. Budowski
Street Address (P.O. Box Number is Not Acceptable)
5828 Old Winter Garden Rd.
Suite, Apt. #, Etc.
City: Orlando State: FL Zip Code: 32835

9. I hereby 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: Michael E. Budowski Date: 10/13/00
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Michael E. Budowski	5828 Old Winter Garden Rd.	Orlando, FL 32835

REINSTATEMENT 00 OK

11. I certify that I am managing member/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 requirements of section 605.0108, 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: Michael E. Budowski Date: 10/13/00 Daytime Phone # 407 578-7443

Typed or printed name of signing Managing Member/Manager: Michael Budowski

H00000054097 1