

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

02 DEC 12 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L9900004519
LIMITED LIABILITY COMPANY
REINSTATEMENT
1000-2002
FLORIDA DEPARTMENT OF STATE
Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

Intele Management, LLC

000009495520
12/12/02--01127--006 **255.00

2. Principal Office Address

390 Wainai Drive

Suite, Apt. #, etc.

City & State

Merritt Island, FL

Zip

32953

Country

United States

3. Mailing Office Address

390 Wainai Drive

Suite, Apt. #, etc.

City & State

Merritt, Island, FL

Zip

32953

Country

United States

4. State/Country of Formation

Florida/United States

5. Date Organized or Qualified
To Do Business in Florida

July 22, 1999

6. FEI Number

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

Matthew J. Monaghan, Esquire

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

96 Willard Street

Suite, Apt. #, Etc.

Suite 302

City

Cocoa

State
FL

Zip Code
32922

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

Matthew J. Monaghan

REGISTERED AGENT MUST SIGN

Date October 10, 2002

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	Scott A. Sewall	390 Wainai Drive	Merritt Island, FL 32953

REINSTATEMENT
2000-2002

TB

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

Scott A. Sewall

Date 10/16/02

Daytime Phone #

321-403-3894

Typed or printed name of signing Managing Member/Manager

Scott A. Sewall