

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L99000008096

Entity Name: MULTI-SENSORY, LLC

FILED
Oct 27, 2008
Secretary of State

Current Principal Place of Business:

7134 SILVERMILL DRIVE
TAMPA, FL 33635

New Principal Place of Business:

Current Mailing Address:

7134 SILVERMILL DRIVE
TAMPA, FL 33635

New Mailing Address:

FEI Number: 59-3647439 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BREWER, CHRISTOPHER W
FOLEY & LARDNER
100 N. TAMPA ST., SUITE 2700
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

BREWER, CHRISTOPHER W
BREWER, PEROTTI, MARTINEZ-MONFORT, PA
400 N. TAMPA ST., SUITE 2600
TAMPA, FL 33602 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CHRISTOPHER W. BREWER

10/27/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: VANN, NANCY P
Address: 7134 SILVERMILL DR.
City-St-Zip: TAMPA, FL 33635

Title: P (X) Delete
Name: VANN, BRIAN A
Address: 2743 OVERLOOK DR NE
City-St-Zip: ATLANTA, GA 30345

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: NANCY P. VANN

MGRM

10/27/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date