

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



M00000000922

FILED

1. DOCUMENT # M00000000922

Name and Mailing Address

0004630 01 FP 0.352 \*\*PRSR T4 0 0615 33469-307525



INERGI, L.L.C.

304 TEQUESTA DRIVE, SUITE 100

TEQUESTA FL 33469-3075

02 OCT 29 AM 8:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10/11/02

2. New Mailing Address

City, State, Zip

Principal Place of Business

304 TEQUESTA DRIVE, SUITE 100  
TEQUESTA FL 33469

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

DE

5. Date Organized or Qualified  
To Do Business in Florida

05/12/2000

6. FEI Number

38-3261220

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

BERMAN, RONALD J  
304 TEQUESTA DRIVE, SUITE 100  
TEQUESTA FL 33469

9. Name and Address of New Registered Agent

Name

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

City

700008671127

10/29/02--01099--016 \*\*150.00

FL

Zip Code

10. 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

REGISTERED AGENT MUST SIGN

Date

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	HICKEY, THOMAS J	304 TEQUESTA DRIVE, SUITE 100	TEQUESTA FL 33469
MGRM	BERMAN, RONALD J	304 TEQUESTA DRIVE, SUITE 100	TEQUESTA FL 33469
MGRM	CORN, JOSHUA	304 TEQUESTA DRIVE, SUITE 100	TEQUESTA FL 33469

REINSTATEMENT 2002

BR

12. 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

RJ Berman

Date 10/23/02

Daytime Phone # 904-745-0773

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)