

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M01000001338

1. Entity Name  
TEN IN MOTION, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAY 26 AM 11:08

Principal Place of Business  
8544 COMMODITY CIRCLE  
ORLANDO, FL 32819

Mailing Address  
8544 COMMODITY CIRCLE  
ORLANDO, FL 32819

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05162006 REIN-LLC CR2E101 (11/05)

4. FEI Number  
59-3719176

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALLEN DYER DOPPELT MILBRATH & GILCHRIST  
225 S. ORANGE AVE STE 1401  
ORLANDO, FL 32801

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

15 MAY 2006

FILE NOW!!! FEE IS \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE D ☐ Delete  
NAME PLOGSTEDT, MARC  
STREET ADDRESS 8544 COMMODITY CIR  
CITY-ST-ZIP ORLANDO, FL 32819

TITLE ☐ Change ☐ Addition  
NAME 700075872427  
STREET ADDRESS 06/06/06--01015--002 \*\*105.00  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME COAN, WILLIAM  
STREET ADDRESS 8544 COMMODITY CIR  
CITY-ST-ZIP ORLANDO, FL 32819

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME JENSEN, JEFFREY  
STREET ADDRESS 8544 COMMODITY CIR  
CITY-ST-ZIP ORLANDO, FL 32819

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*[Signature]*

15 MAY 2006

407-266-0200