

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

08 APR -1 PM 3:47

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M02000000309

1. Limited Liability Company's Name

Evoked International, LLC

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #

16000 NW 59th Ave.

Suite, Apt. #, etc.

City & State

Miami Lakes FL

Zip

33014

Country

USA

3. Mailing Office Address

29469 Northwestern Hwy.

Suite, Apt. #, etc.

City & State

Southfield MI

Zip

48034

Country

USA

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida

2-6-2002

6. FEI Number

37-1417518

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

NRAI Services, Inc.

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

2731 Executive Park Drive

Suite, Apt. #, Etc.

Suite 4

City

Weston

State

FL

Zip Code

33331

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

Oliver Johnson, asst. secretary

Date

3-4-08

REGISTERED AGENT MUST SIGN

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
MGRM	Albert Scaglione	29469 Northwestern Hwy.	Southfield MI 48034

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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

Albert Scaglione

Date 3-11-08

Daytime Phone #

248-354-2343

Typed or printed name of signing Managing Member/Manager

Albert Scaglione