

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **1112000000971**

1. Limited Liability Company's Name

INSPATECH SERVICES LLC

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

209 EGRET AVE

Suite, Apt. #, etc.

City & State

NAPLES, FL

Zip

34108

Country

US

3. Mailing Office Address

209 EGRET AVE

Suite, Apt. #, etc.

City & State

NAPLES, FL

Zip

34108

Country

US

4. State/Country of Formation

DELAWARE

5. Date Organized or Qualified
To Do Business in Florida

02/12/2012

6. FEI Number

45-4505161

☐ 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

CORPORATION SERVICE COMPANY

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

1201 HAYS STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

E-mail Address:

000256945630

k.weisenberg@questinspar.com

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Sue G. Knight
Assistant Vice President

Date 2-19-2014

REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Titles AMBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
AMBR	KENT WEISENBERG	209 EGRET AVE	NAPLES, FL 34108
		S. HAWKES	
		FEB 19 A.M.	
		EXAMINER	

11. I certify that I am an authorized person empowered to execute this application as provided for in Chapter 605, 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 Chapter 605, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of

Authorized Person

Date 2/17/14

Daytime Phone # 941-889-8318

Typed or printed name of signing Authorized Person KENT WEISENBERG, MEMBER