## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION **FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF COPPORATIONS

03 DEC 19 PM 5: 29

## 1. DOCUMENT# L02000001861

Name and Mailing Address

0017531 01 FP 0.352 \*\*PRSRT T4 0 0615 33408

IBF DESIGN, LLC 11780 U.S. HIGHWAY #1 SUITE 400 NORTH PALM BEACH FL 33408



2. New Mailing Address  City, State, Zip				4. State/Country of Formation FL  5. Date Organized or Qualified To Do Business in Florida  01/24/2002								
							Principal Place of Business 11780 U.S. HIGHWAY #1			1		Applied For  Not Applicable
							SUITE 400 NORTH PALM BEACH FL 33408		City, State, Zip		7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee require for a Certificate of Status	
	8. Name and Address of Current	Registered Agent	Name and Address of New Registered Agent									
FHS CORPORATE SERVICES, INC. 11780 U.S. HIGHWAY #1 SUITE 400 NORTH PALM BEACH FL 33408			Name  Street Address (P.O. Box Number is Not Acceptable)  1002557541  12/13/0301048003 **150.00									
							City FL Zip Code					
							1	nd Street Addresses of Each Managing		Street Address of Fa	ach	
			Signature of Registered Age	ent DENAL	CHEST THEORY	3ED		Date 12/10/	03			
1. Names ar	nd 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	MGRM BAKER-FINCH, MICHAEL IAN 11780		.S. HIGHWAY #1 NORTH PALM BEACH FL 33408		FL 33408							
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filing this r	at I am managing member/manager o einstatement application the reason for ved by the limited liability company have	dissolution has been eliminated, t	he limited liability co	ompany name satisfies th	ne requirements of section	608.406, F.S., and that						
	e under oath.	BREFERLINE	<b>)</b>	1.1.2	me Phone # <u>\$61</u> - 2	C- 05211						