


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

9-16-05
250.00

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 JAN 30 AM 9:10

DOCUMENT # L03000032857

1. Limited Liability Company's Name
Ichthyological Research, LLC

000082904540
02/05/07--01004--039 **35.00

CR2E041 (8/05)

2. Principal Office Address 3617 Eagle Nest Court		3. Mailing Office Address 3617 Eagle Nest Court	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Melbourne, FL		City & State Melbourne, FL	
Zip 32904	Country Brevard	Zip 32904	Country Brevard

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
08/28/03

6. FEL Number
200431412

Applied For
 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
Jonathan M. Shenker

Street Address (P.O. Box Number is Not Acceptable)
3617 Eagle Nest Court

Suite, Apt. #, Etc.

City
Melbourne

State
FL

Zip Code
32904

JS

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 *Jonathan M. Shenker* Date **12/29/01**

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
MGR	Jonathan M. Shenker	3617 Eagle Nest Court	Melbourne, FL 32904
MGRM	Sandra P. Shenker	3617 Eagle Nest Court	Melbourne, FL 32904

REINSTATEMENT 05-07

000092904540
01/03/07--01037--014 **155.00

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 *Jonathan M. Shenker* Date **12/29/01** Daytime Phone # **321-544-7363**

Typed or printed name of signing Managing Member/Manager **Jonathan M Shenker**