

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 MAR 24 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 06-11

DOCUMENT #

1. Limited Liability Company's Name
1703 IKON LLC
L05 0000 28995
W11-15281

2. Principal Office Address - No P.O. Box # 450 ALTON RD Suite, Apt. #, etc. 1703 City & State MIAMI BEACH FLA Zip 33139 Country US		3. Mailing Office Address 450 ALTON RD Suite, Apt. #, etc. 1703 City & State MIAMI BEACH FL Zip 33139 Country US	
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4. State/Country of Formation MIAMI DADE FLORIDA
5. Date Organized or Qualified To Do Business in Florida 3/23/2005
6. FEI Number 20-2780733 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
ROSALIA PICOT
Street Address (P.O. Box Number is Not Acceptable)
450 ALTON RD.
Suite, Apt. #, Etc.
Apt. 1703
City
MIAM BEACH State
FL Zip Code
33139

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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 *Rosalia Picot* Date **3/14/2011**
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	Rosalia Picot	450 ALTON RD #1703	MIAMI BEACH, FL 33139

11. E-mail Address: **RPICOT@ATLANTICBB.NET**
(To be used for future annual report notifications)

12. 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 *Rosalia Picot* Date **3/7/11** Daytime Phone # **305 588 9027**
Typed or printed name of signing Managing Member/Manager **ROSALIA PICOT**