PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2014 AUG 14 P 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name
Document #: L11000034713

IE, LLC

CR2E041 (1/14)

12-14

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
9450 Pecky Cypress Way	9450 Pecky Cypress Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, Florida	City & State: Orlando, Florida
Zip: 32836 / Country: USA	Zip: 32836 / Country: USA

4. State/Country of Formation: Florida / USA

5. Date Organized or Qualified To Do Business in Florida: March 22, 2011

6. FEI Number: ☐ 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: Efraim Arnon

Street Address (P.O. Box Number is Not Acceptable): 9450 Pecky Cypress Way

Suite, Apt. #, Etc.:

City: orlando | State: FL | Zip Code: 32836

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REINSTATEMENT

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: _____ Date: 6/4/14
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AR	Efraim Arnon	9450 Pecky Cypress Way	Orlando, Florida 32836

B. BOSTICK
AUG 15 2014
EXAMINER

11. E-mail Address: ldodavid228@Gmail.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012. 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: _____ Date: 8/4/2014 Daytime Phone #: 469-556-3349

Typed or printed name of signing Authorized Representative/Manager: Efraim Arnon