

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000009343

1. Limited Liability Company's Name

IBS, L.L.C.

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 922 CLINT MOORE ROAD		3. Mailing Office Address 922 CLINT MOORE ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BOCA RATON, FL		City & State BOCA RATON, FL	
Zip 33487	Country US	Zip 33487	Country US

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 08/04/2000	
6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name LEAH CHITRIK			
Street Address (P.O. Box Number is Not Acceptable) 922 CLINT MOORE ROAD			
Suite, Apt. #, Etc.			
City BOCA RATON	State FL	Zip Code 33487	

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

Leah Chitrik

REGISTERED AGENT MUST SIGN

Date 9/9/08

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	LEAH CHITRIK	922 CLINT MOORE ROAD	BOCA RATON, FL 33487
	L. SELLERS		
	OCT 10 2008		
	EXAMINER	9/10/08 01027/002	\$1071.25
		9/24/08 01027/003	\$135.75
			7/12/10.00

REINSTATEMENT 01-08

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

Leah Chitrik

Date 9/9/08

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

LEAH CHITRIK