

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 OCT 22 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000015276

1. Limited Liability Company's Name

IQ SYSTEMS, L.L.C.

2. Principal Office Address

100 W. Cypress Creek Road

Suite, Apt. #, etc.

Suite 700

City & State

Ft. Lauderdale, FL 33309

Zip

Country

3. Mailing Office Address

100 W. Cypress Creek Road

Suite, Apt. #, etc.

Suite 700

City & State

Ft. Lauderdale, FL 33309

Zip

Country

4. State/Country of Formation

FL

**5. Date Organized or Qualified
To Do Business in Florida**

12/11/2000

6. FEI Number

65-1062783

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

REINSTATEMENT 2001

8. Name and Address of Current Registered Agent

Name

Gregory J. Blodig, Esq.

Street Address (P.O. Box Number is Not Acceptable)

100 W. Cypress Creek Road

Suite, Apt. #, Etc.

Suite 700

City

Ft. Lauderdale

State

FL

Zip Code

33309

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****150.00 ****150.00

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

REGISTERED AGENT MUST SIGN

Date

10-19-01

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	Greenspoon, Gerald	100 W. Cypress Creek Rd., Ste. 700	Ft. Lauderdale, FL 33309
MGR	Rahn, Michael	115 Dunes Edge Road	Jupiter, FL 33473

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

Date 10-19-01

Daytime Phone #

954-491-1120

Typed or printed name of signing Managing Member/Manager