

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

L01000013094
FILED

02 OCT 25 AM 9:39

1. DOCUMENT # L01000013094

Name and Mailing Address

SECRETARY OF STATE
TALLAHASSEE FLORIDA

0010729 01 FP 0.352 **PRSR HT 0 0615 34982-860311



IK U.S. L.L.C.

5911 HICKORY DRIVE

FORT PIERCE FL 34982-8603

ALH



10/25 2002

2. New Mailing Address

City, State, Zip

Principal Place of Business

5911 HICKORY DRIVE
FORT PIERCE FL 34982

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

08/07/2001

6. FEI Number

65-1128756

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

GIAMETTA, GREG
5911 HICKORY DRIVE
FORT PIERCE FL 34982

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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

Greg Giametta

REGISTERED AGENT MUST SIGN

Date

Oct 22, 2002

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	GIAMETTA, GREG	5911 HICKORY DRIVE	FORT PIERCE FL 34982
MGRM	IORI, ENRICO	VIA DELL'INDUSTRIA 48	MODENA, ITALY 41100

300008595683
10/25/02--01072--006 **150.00

CF2E084 (8/02)

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

Greg Giametta

Date Oct 22, 2002

Daytime Phone # 772-466-9763

Typed or printed name of signing Managing Member/Manager

GREG GIAMETTA