

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JAN -9 AM 8:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **601000018298**

1. Limited Liability Company's Name

IRONSHORE FINANCIAL, LLC

2. Principal Office Address

2021 SE 10TH AVE

3. Mailing Office Address

2021 SE 10TH AVE

Suite, Apt. #, etc.

218

Suite, Apt. #, etc.

218

City & State

FT LAUDERDALE

City & State

FT LAUDERDALE

Zip

33316

Country

US

Zip

33316

Country

US

4. State/Country of Formation

FL/US

5. Date Organized or Qualified
To Do Business in Florida

10/23/01

6. FEI Number

52 2350042

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

DANIEL E ROBINSON

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

2021 SE 10TH AVE

Suite, Apt. #, Etc.

218

City

FT LAUDERDALE

State

FL

Zip Code

33316

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 **1/3/03**

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
MANAG	DANIEL E ROBINSON	2021 SE 10TH AVE #218	FT LAUDERDALE, FL 33316
MANAG	RICHARD FIORA	1240 SE 14TH CT	DEERFIELD BEACH, FL 33441

11. I certify that I am managing member/manager of 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 **1/3/03**

Daytime Phone # **954 829 7477**

Typed or printed name of signing Managing Member/Manager **DANIEL E ROBINSON**

MJH

1/9 2002

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01/03/03 - 01/03/03 **200.00

CR2E041 (10/02)