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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED
03 OCT 29 PM 5:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L01000018298

Name and Mailing Address

0008538 01 AT 0.292 **AUTO T1 0 0615 33316-452268



IRONSHORE FINANCIAL, LLC

2021 SE 10TH AVENUE

#218

FT. LAUDERDALE FL 33316-4522

US

MJM



10/29 2003

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/23/2001	
Principal Place of Business 2021 SE 10TH AVENUE #218 FT. LAUDERDALE FL 33316 US	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 52-2350042	Applied For Not Applicable
8. Name and Address of Current Registered Agent ROBINSON, DANIEL E 2021 SE 10TH AVENUE #218 FT. LAUDERDALE FL 33316		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O.) 800024252728 10/29/03--01052--008 **155.00 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 <u>[Signature]</u> SIGNATURE REQUIRED Date <u>10/27/03</u> REGISTERED AGENT MUST SIGN			
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
MGR	ROBINSON, DANIEL E	2021 SE 10TH AVENUE	FT. LAUDERDALE FL 33316
MGR	FLORA, RICHARD	1240 SE 14TH CT	DEERFIELD BEACH FL 33441
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 <u>[Signature]</u> SIGNATURE REQUIRED		Date <u>10/27/03</u> Daytime Phone # <u>954 829 7477</u>	
Typed or printed name of signing Managing Member/Manager			

REINSTATEMENT 8003

CR2E034 (7/03)