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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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 19 PM 5:29

1. DOCUMENT # L02000001861

Name and Mailing Address

0017531 01 FP 0.352 **PRSRT T4 0 0615 33408

IBF DESIGN, LLC
11780 U.S. HIGHWAY #1
SUITE 400
NORTH PALM BEACH FL 33408

2. New Mailing Address

City, State, Zip

Principal Place of Business
11780 U.S. HIGHWAY #1
SUITE 400
NORTH PALM BEACH FL 33408

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 01/24/2002

6. FEI Number ☐ Applied For ☑ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

CR2E084 (7/03)

8. **Name and Address of Current Registered Agent**

FHS CORPORATE SERVICES, INC.
11780 U.S. HIGHWAY #1
SUITE 400
NORTH PALM BEACH FL 33408

9. **Name and Address of New Registered Agent**

Name

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

100025637641
12/19/03--01048--003 **150.00

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 Jan Baker Finch RED Date 12/10/03

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
MGRM	BAKER-FINCH, MICHAEL IAN	11780 U.S. HIGHWAY #1	NORTH PALM BEACH FL 33408

REINSTATEMENT 03 Dec

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/Manage Jan Baker Finch RED Date 12/10/03 Daytime Phone # 561 - 2628534

Typed or printed name of signing Managing Member/Manager IAN M. BAKER-FINCH.