

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # LO2000004294

1. Limited Liability Company's Name  
IGVB, LLC

2. Principal Office Address  
C/o Omri Sachs

Suite, Apt. #, etc.

21 King Avenue Apt. 1

City & State

Weehawken, NJ

Zip

07086

Country

USA

3. Mailing Office Address  
C/o Omri Sachs

Suite, Apt. #, etc.

21 King Avenue Apt. 1

City & State

Weehawken, NJ

Zip

07086

Country

USA

4. State/Country of Formation  
Florida

5. Date Organized or Qualified  
To Do Business in Florida 2/22/02

6. FEI Number

20-0718417

☒ 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

Richard Aronsky

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

17100 Collins Avenue

Suite, Apt. #, Etc.

Suite 205-206

City

Aventura

Sunny Isles Beach

State

FL

Zip Code

33160

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 4/1/04

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
<u>Manager</u>	<u>Omri Sachs</u>	<u>King Avenue Apt. 1</u>	<u>Weehawken, NJ 07086</u>

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

*[Signature]*  
Omri Sachs

Date 3/10/04

Daytime Phone # (201) 790 6030

Typed or printed name of signing Managing Member/Manager

**REINSTATEMENT**

*[Handwritten initials]*

CR2E041 (10/02)