PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY 12 PM 2:26
SEC. OF STATE
TALLAHASSEE FLORIDA

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02/02/04--01092--030 **150.00

2003-2004 5/12

1. Limited Liability Company's Name
ICON Holdings, LLC
3350 SW 148 Ave, Suite 110
Miramar, FL 33027

2. Principal Office Address		**3.** Mailing Office Address	
3350 SW 148 Ave		3350 SW 148 Ave	
Suite, Apt. #, etc. Suite 110		Suite, Apt. #, etc. Suite 110	
City & State Miramar, FL		City & State Miramar, FL	
Zip 33027	Country USA	Zip 33027	Country USA

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 04/08/2002

6. FEI Number: 02-0604768 ☐ 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: Michael H. Male
Street Address (P.O. Box Number is Not Acceptable): 3250 Mary Street
Suite, Apt. #, Etc.: Suite 303
City: Miami | State: FL | Zip Code: 33133

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 _____ Date _____
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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
MGRM	Alan I. Weiselberg	3350 SW 148 Ave, Suite 110	Miramar, FL 33027

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REINSTATEMENT 2003-2004

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 _____ Date 1.23.04 Daytime Phone # 954 874 1660

Typed or printed name of signing Managing Member/Manager _____