

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 16 PM 2:17 *12/26*

DOCUMENT # LO2000011642

1. Limited Liability Company's Name
Idealcard, LLC

REINSTATEMENT *2003*

100025534431
12/16/03--01072--025 **155.00

2. Principal Office Address
145 East 49th St.

Suite, Apt. #, etc.

City & State
Hialeah, FL

Zip Country
33013 USA

3. Mailing Office Address
145 East 49th St.

Suite, Apt. #, etc.

City & State
Hialeah, FL

Zip Country
33013 USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida 5/14/2002

6. FEI Number 03-0463670

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
Juan Montes

Street Address (P.O. Box Number is Not Acceptable)
145 East 49th St.

Suite, Apt. #, Etc.

City
Hialeah

State Zip Code
FL 33013

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 *12/10/03*

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
MGRM	Michael York	3039 Premiere Pky., Ste 100	Duluth, GA 30097

REINSTATEMENT *2003*

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 12/8/03

Daytime Phone # 678-473-0484 Ext 5005

Typed or printed name of signing Managing Member/Manager Michael York, Managing Member

CR2E041 (10/02)