

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2004 SEP -1 P 3:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L02000013205

1. Limited Liability Company's Name

IONY-BEN INTERNATIONAL, L.L.C.

2. Principal Office Address

3800 North 36th Avenue

Suite, Apt. #, etc.

City & State

Hollywood, Florida

Zip

33021

Country

USA

3. Mailing Office Address

3800 North 36th Avenue

Suite, Apt. #, etc.

City & State

Hollywood, Florida

Zip

33021

Country

USA

4. State/Country of Formation

United States

5. Date Organized or Qualified  
To Do Business in Florida

10/31/2003

6. FEI Number

76-0708376

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

Paul Mihai

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

3800 NORTH 36TH AVENUE

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33021

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

*Paul Mihai*

Date

08.30.2004

REGISTERED AGENT MUST SIGN

**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
PR	Paul Mihai	3800 North 36th Avenue	Hollywood, Florida 33021

**REINSTATEMENT**

*08.30.04*  
*dec*

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

*Paul Mihai*

Date

08.30.04

Daytime Phone #

954.9654028

Typed or printed name of signing Managing Member/Manager

PAUL MIHAI

CR2E041 (10/02)