

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

1. DOCUMENT # L02000024306

Name and Mailing Address

0016058 01 MB 0.309 **AUTO T9 0 0615 32459-445853

IBBA, LLC

53 BUDDY ST.

SANTA ROSA BEACH FL 32459-4458

03 DEC 26 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500025770675

12/26/03--01031--008 **150.00



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 09/17/2002	
Principal Place of Business 53 BUDDY ST. SANTA ROSA BEACH FL 32459	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 01-0760420	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent MALL, GREGORY D 53 BUDDY ST SANTA ROSA BEACH FL 32459	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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

Signature of Gregory D. MALL
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

12/19/03

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	MALL, GREGORY D	53 BUDDY STREET	SANTA ROSA BEACH FL 32459
MGRM	MALL, WILLIAM A	53 BUDDY STREET	SANTA ROSA BEACH FL 32459
MGRM	MALL, DONALD A	53 BUDDY STREET	SANTA ROSA BEACH FL 32459

REINSTATEMENT 03

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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/Manager

Signature of Gregory D. MALL
SIGNATURE REQUIRED

Date

12/19/03

Daytime Phone #

850-585-5700

Typed or printed name of signing Managing Member/Manager

GREGORY D. MALL