

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY -1 AM 11:06

DOCUMENT # L02000025241

1. Limited Liability Company's Name

IA Modules, LLC

CR2E041 (8/05)

2. Principal Office Address

1508 Bay Rd

3. Mailing Office Address

1508 Bay Rd

Suite, Apt. #, etc.

Suite 11

Suite, Apt. #, etc.

Suite 11

City & State

Miami, FL

City & State

Miami, FL

Zip
33139

Country
USA

Zip
33139

Country
USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

9/26/2002

6. FEI Number

743062799

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

Neil Upfalow

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

1508 Bay Rd

Suite, Apt. #, Etc.

Suite 11

City

Miami

State
FL

Zip Code
33139

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

Neil Upfalow

Date 5/1/2006

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
MGRM	Neil Upfalow	1508 Bay Rd , suite 11	Miami, FL 33139

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REINSTATEMENT 04-06

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

Neil Upfalow

Date 5/1/2006

Daytime Phone # 866-642-6726 x901

Typed or printed name of signing Managing Member/Manager Neil Upfalow