

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAR 30 AM 8:47



DOCUMENT # L03000050971
1. Entity Name
IVAN KONDOR, LLC

Principal Place of Business
**3722 NEMO AVE
NORTH PORT, FL 34287**

Mailing Address
**3722 NEMO AVE
NORTH PORT, FL 34287**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
3722 Nemo ave
Suite, Apt. #, etc.

City & State
North port FL

Zip
FL 34287

Country
Sarasota



03172005 REIN-LLC CR2E101 (6/04)

6. Name and Address of Current Registered Agent
**KONDAR, IVAN
3722 NEMO AVE
NORTH PORT, FL 34287**

4. FEI Number
160-809011

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

7. Name and Address of New Registered Agent

Name

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

City
FL Zip Code

REINSTATEMENT 04-05

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Ivan Kondor* DATE 03.23.05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KONDAR, IVAN 3722 NEMO AVE NORTH PORT, FL 34287 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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04/06/05--01069--009 **100.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Ivan Kondor* DATE 03.23.05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #