

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jan 09, 2006 8:00 A.M.**  
**Secretary of State**

*2006*

DOCUMENT # *L03000050971*

1. Limited Liability Company's Name

*IVAN KONDOR, LLC*

CR2E041 (8/05)

2. Principal Office Address

*3722 Nemo ave*

Suite, Apt. #, etc.

3. Mailing Office Address

*Same*

Suite, Apt. #, etc.

City & State

*North port FL*

City & State

Zip

*34287*

Country

*Sarasota*

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number

*160809011*

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

*Ivan Kondor*

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

*3722 Nemo ave*

Suite, Apt. #, Etc.

City

*North port*

State

*FL*

Zip Code

*34287*

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

*Ivan Kondor*

Date *01-09-06*

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
<i>MGR</i>	<i>IVAN Kondor</i>	<i>3722 Nemo Ave</i>	<i>North Port FL 34287</i>

200064058622  
01/19/06--01027--011 \*\*100.00

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

Daytime Phone #

Typed or printed name of signing Managing Member/Manager