L03000051160

LIMITED LIABILITY								
COMPANY								
REINSTATEMENT								



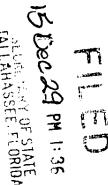
FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L03000051160

1. Limited Liability Company's Name

felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member



Ignite IIc								TATE	3 8	
2. Principel Office Address - No P.O. Box# 3. Mailing Office Address							CR2E041 (1/14)			
308 S. Coconut Ln.				Same			4. State/Country of Formation			
Suite, Apt. #, etc. Suite, Apt. #, e						• • • • • • •	Broward			
					· · · · · · · · · · · · · · · · · · ·		5. Date Organized or Qualified To Do Business in Florida 12/09/2003			
City & State City & State Miami Beach, FL							6. FEI Number Applied For			
Zip 33139 Country USA			Zip		Country		¬1		Not Applicable	
						7. CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required for a certificate of status				
8. Name and Address of Current Registered Agent							1			
Name Maureen Main						1				
Street Address (P.O. Box Number is Not Acceptable) Suite,										
308 S. Coconut Ln. Apt. #, Etc							000280455080 12/29/1501031023 **1348.75			
City Miami Beach Florida					State Zip Code 33139		1			
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and acc Signature of Registered Agent REGISTERED AGENT MUST SIGN						coept the obligations	of Chapter 605, F.S.			
10. Name	s and Street A	iddresses of Authorized Rep	resentatives/Manage	ers	·····					
Titles	Name of					Street Address of Each thorized Representat Manager		City / State / Zip		
AR	Maureen Main			•			Coconut Ln,,	Miami Beach, Fl. 33139		
MGR	Patrick Meyer			308 S. Coconut Ln.		, Miami Beach, FL. 33139				
		****	_							
İ	i	REIN								
		2007	-20	<u>5</u>	K	ر ا		JAN 13 2016		
11. E-mai	Address:	patrickfmeyer@me.cor	n	(Toba use	d for her-	e annual report notificat	ions)	N. CAUSSEAUX		
certify that	t when filing t	this reinstatement applicati	on the reason for di	eceiver or t	trustee e has been	mpowered to execut eliminated, the limit	te this application a ted liability compan	s provided for in Chapter 605, F.S. y name satisfies the requirement o ation is true and accurate, and my	f section	

shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree

. Date 12/22/15

Daytime Phone # 646-620-6618