

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2010 FEB 11 PM 3:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L04000023181

1. Limited Liability Company's Name

Ibex Construction - Florida - LLC

700164776177  
02/15/10--01001--009 \*\*133.75

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #

6422 NW 5<sup>th</sup> Wky

Suite, Apt. #, etc.

3. Mailing Office Address

1372 Broadway

Suite, Apt. #, etc.

15<sup>th</sup> FL

City & State

Ft. Lauderdale, FL

Zip

33309

Country

USA

City & State

New York NY

Zip

10018

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

3/26/04

6. FEI Number

20-0921475

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

United Corporate Services Inc

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

9200 South Dadeland Blvd.

Suite, Apt. #, Etc.

Suite 508

City

Miami

State

FL

Zip Code

33156

☐ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

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

REGISTERED AGENT MUST SIGN

Date 01/5/10

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Pres	Andy Frankl	1372 Broadway 15 <sup>th</sup> FL	New York, NY 10018

REINSTATEMENT 06-10

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01/06/10--01043--007 \*\*521.25

11. E-mail Address: afrankl@ibexconstruction.com

(To be used for future annual report notifications)

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 608.408, 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 1/5/10

Daytime Phone (646) 366-6201

Typed or printed name of signing Managing Member/Manager Andy Frankl, Pres Managing Member