


# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L04000050310</b> 1. Entity Name <b>ICON ACQUISITION LLC</b>					
Principal Place of Business <b>101 20TH STREET SUITE 1801 MIAMI BEACH, FL 33139 US</b>			Mailing Address <b>101 20TH STREET SUITE 1801 MIAMI BEACH, FL 33139 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
* City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number	
6. Name and Address of Current Registered Agent  <b>MARVISI, DAVID 101 20TH STREET SUITE 1801 MIAMI BEACH, FL 33139</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				Applied For <input checked="" type="checkbox"/> Not Applicable	
SIGNATURE <i>David Marvisi</i>				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
(NOTE: Registered Agent signature required when reinstating)				DATE <i>8/16/06</i>	
<b>FILE NOW!!! FEE IS \$200.00</b>				Make check payable to <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MARVISI, DAVID 101 20TH STREET, SUITE 1801 MIAMI BEACH, FL 33139			<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>400079214364</b> <b>09/29/06--01018--019 **130.00</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<div style="display: flex; justify-content: space-between;"> <div> <b>REINSTATEMENT</b>  <b>3005-2006</b>  <i>DB</i> </div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);"> <b>2006 AUG 23 PM 12:05</b>  <b>SECRETARY OF STATE</b>  <b>DIVISION OF CORPORATION</b> </div> </div>					
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>David Marvisi</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date <i>8/16/06</i> Daytime Phone #					