

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # **L04000090963**

1. Entity Name  
**I.A.R., LLC**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 OCT 19 AM 10:23

Principal Place of Business  
**250 EAST 49TH STREET  
HIALEAH, FL 33113**

Mailing Address  
**250 EAST 49TH STREET  
HIALEAH, FL 33113**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10102005 REIN-LLC CR2E101 (6/04)

City & State

City & State

4. FEI Number  
**651095564**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARTINEZ, IRAIDA  
250 EAST 49TH STREET  
HIALEAH, FL 33113**

Name

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

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After January 1, 2006, Fee will be \$200.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME **IRaida Martinez** ☐ Delete  
STREET ADDRESS **250 EAST 49ST**  
CITY-ST-ZIP **Hialeah, FL 33013**

☐ Change ☐ Addition

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME **8/11/05 90866-020** ☐ Change ☐ Addition  
STREET ADDRESS **\$50.00**  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME **REINSTATEMENT 2005** ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

10/10/05 (305) 8226885