

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN 27 PM 2:15

DOCUMENT # L05000011688

1. Limited Liability Company's Name

The IVY 4211-02/05 LLC

500131745655
06/26/08--01028--004 **416.25

CR2E041 (12/07)

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

12439 SW 123 PL.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

33186

Country

MIAMI DAD

Zip

Country

4. State/Country of Formation

FLORIDA /

**5. Date Organized or Qualified
To Do Business in Florida**

2-3-05

6. FEI Number

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

ELI POLER

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

12439 SW 123 PLACE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33186

☒ 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

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
MGRM	POLER, ELI	12439 SW 123 PL	MIAMI, FL 33186
MGRM	HOFFMAN, DAVID	12439 SW 123 PL	MIAMI, FL 33186

REINSTATEMENT

WOP

06-08

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

ELI POLER

Date

06/24/08

Daytime Phone #

786 4438403

Typed or printed name of signing Managing Member/Manager

ELI POLER