

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 FEB -4 PM 2:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L05000029178

1. Limited Liability Company's Name

Institutional Leasing 1, LLC

CR2E041 (1/07)

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

4770 Biscayne Blvd  
Suite, Apt. #, etc.  
Fourth Fl

City & State

Miami, FL

Zip

33137

Country

USA

3. Mailing Office Address

4770 Biscayne Blvd  
Suite, Apt. #, etc.  
Fourth Fl

City & State

Miami, FL

Zip

33137

Country

USA

4. State/Country of Formation

FL / Miami-Dade

5. Date Organized or Qualified  
To Do Business in Florida

3/24/05

6. FEI Number

20-2579352

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

JOSHUA P. MANASTER, ESQ.

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

4770 Biscayne Blvd

Suite, Apt. #, Etc.

Fourth Floor

City

Miami

State

FL

Zip Code

33137

☐ 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 1-24-08

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
MGR	A Shaulson	4770 Biscayne Blvd, 4th Fl	Miami, FL 33137

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REINSTATEMENT 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

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

A. Shaulson