

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000035121

1. Limited Liability Company's Name

IK GLOBAL INVESTMENTS LLC

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

98-30 SW 17th AVENUE

Suite, Apt. #, etc.

WHA SUITE 125

City & State

MIAMI FLORIDA

Zip

33156

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SAME

City & State

SAME

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

4/11/2005

6. FEI Number

84-1677432

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

CHANEY + ARMSTRONG, PA

Street

98-30 SW 17th AVENUE

Suite, Apt. #, Etc.

SUITE # 125

C

MIAMI

State

FL

33156

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

[Signature]

Date 6/30/08

REGISTERED AGENT MUST SIGN

☒ 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.

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	ILYA KARPOV	98-30 SW 17th AVENUE, STE 125 MIAMI, FL 33156	MIAMI, FL 33156
MGRM	ANFISA REYTAROVA	98-30 SW 17th AVENUE, STE 125 MIAMI, FL 33156	MIAMI, FL 33156

REINSTATEMENT 2006-2008

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

[Signature]

Date 6/31/08

Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager _____