

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 25 AM 9:12

DOCUMENT # W05000049615

1. Limited Liability Company's Name

IAIC ASSET MANAGEMENT, LLC

300086747953
01/31/07--01011--003 **205.00

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # <u>8751 W. BROWARD BLVD.</u>		3. Mailing Office Address <u>8751 W. BROWARD BLVD</u>	
Suite, Apt. #, etc. <u>304</u>		Suite, Apt. #, etc. <u>304</u>	
City & State <u>PLANTATION, FL</u>		City & State <u>PLANTATION, FL</u>	
Zip <u>33324</u>	Country <u>BROWARD</u>	Zip <u>33324</u>	Country <u>BROWARD</u>

4. State/Country of Formation
FLORIDA / BROWARD

5. Date Organized or Qualified
To Do Business in Florida MAY 18, 2005

6. FEI Number
55-0897081

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 <u>CORPORATION SERVICE COMPANY</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>1201 HAYES STREET</u>			
Suite, Apt. #, Etc.			
City <u>TALLAHASSEE, FL</u>	State <u>FL</u>	Zip Code <u>33324</u>	

☒ 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 Deborah D. Skipper Deborah D. Skipper
REGISTERED AGENT MUST SIGN Asst. V. Pres.

Date 1/24/2007

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
Pres.	<u>STANLEY SAEW-A-TEON</u>	<u>8751 W. BROWARD BLVD, 304</u>	<u>PLANTATION, FL 33324</u>

06-07

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 1/22/07 Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager _____