

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB 23 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000102124

1. Limited Liability Company's Name

ICON 2414 LLC

100167985541
02/04/10--01005--014 **238.75
CR2E041 (11/09)

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

1900 N Bayshore Dr.

Suite, Apt. #, etc.

4301

City & State

Miami, FL

Zip

33132

Country

Dade

3. Mailing Office Address

1900 N Bayshore Dr.

Suite, Apt. #, etc.

4301

City & State

Miami, FL

Zip

33132

Country

Dade

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

10/17/2005

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

Rosa Acosta

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

1900 N Bayshore Dr.

Suite, Apt. #, Etc.

4301

City

Miami

State

FL

Zip Code

33132

☒ 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 2/1/2010

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
MEM	Borsari, Roberto	1900 N Bayshore Dr. #4301	Miami, FL 33132
MEM	Borsari, Mario	1900 N Bayshore Dr. #4301	Miami, FL 33132
MEM	Cogorno, Juan	1900 N Bayshore Dr. #4301	Miami, FL 33132

REINSTATEMENT

100167985541

02/04/10--01001--024 **177.50

11. E-mail Address: penelope 025 @ aol. com

12. 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 2/1/2010

Daytime Phone # 786-325-2630

Typed or printed name of signing Managing Member/Manager