PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.     LIMITED LIABILITY     COMPANY REINSTATEMENT     Secretary of State DOCUMENT # L 05000 10 2124     1. Unriver Liability Company's Name     I CON 24114 LLC     DOCUMENT # L 05000 10 2124     LIMITED LIABILITY REINSTATEMENT     I CON 24114 LLC     DOCUMENT # L 05000 10 2124     LIMITED CONSTRUCTIONS BEFORE DT.     I CON 24114 LLC     LIC ON 24114 LLC     DOCUMENT # L 05000 N Bayshore Dr.     I Principal Office Address     A solution of the Address     Address - No PO. Box #     Solution Address - No PO. Box #     Microting FL     Solution Address - No PO. Box #     Solution Address - No PO. Box #     Name add.Address - Company <td col<="" th=""></td>	
LIMITED LIABILITY COMPANY REINSTATEMENT DOCUMENT # L05000 10 2124 1. Linded Liability Company's Mane I CON 2414 LLC 2. Prinnpal Office Address - No P.O. Box # 1. Linded Liability Company's Mane I CON 2414 LLC 2. Prinnpal Office Address - No P.O. Box # 1. Linded Liability Company's Mane I CON 2414 LLC 2. Prinnpal Office Address - No P.O. Box # 1. Linded Liability Company's Mane I CON 2414 LLC 2. Prinnpal Office Address - No P.O. Box # 1. Linded Liability Company's Mane I CON 2414 LLC 3. Malling Office Address 1. CON 2414 LLC 3. Malling Office Address 1. CON 8 Boystrove Dr. State Apt # etc. 4. StateCountry of Formation State Apt # etc. 3. Malling Office Address 1. Malling Office Address 1. Country & State 1. Co	
LIMITED LIABILITY   FLORIDA DEPARTMENT OF STATE Secretary of State DUNSION OF CORPORATIONS   10 FEB 23 PH 4: 22     Secretary of State DOCUMENT # L 05000 10 2124   Science Address   10 FEB 23 PH 4: 22     1: Linded Liability Company's Name   I CON 24114 LLC   1001167985541     2: Principal Office Address - No PO, Box #   3. Mailing Office Address   10 71 / 2005-014 **C38.75     2: Principal Office Address - No PO, Box #   3. Mailing Office Address   4. State/Country of Formation     Suite Apt #, etc.   Suite Apt #, etc.   4. State/Country of Formation     1: Optimized Country   Suite Apt #, etc.   5. Date Organized or Dusified 10 / 17 / 2005     Cay & State   Country   Zip   Country     33 132   Dode   33 132   Dode     B. Mame and Address of Currant Registered Agent   Zip   Country     State Apt #, Ec.   A S100 reinstatement fee is imposed, except     B. Mame and Address of Currant Registered Agent   Zip Country     B. Mame and Address of Currant Registered Agent   Zip Country     State Apt #, Ec.   Zip Country     B. Mame and Street Address of Managers   Country     B. Mame and Street Address of Managers   Country     Registrated Agent	
COMPANY REINSTATEMENT     Secretary of State DUNSION OF CORPORATIONS     DOCUMENT # LOSO00 10 2124     1 Limited Lability Company's Name     I CON 24114 LLC     L Limited Lability Company's Name     I CON 24114 LLC     L Limited Lability Company's Name     I CON 24114 LLC     L CON 24114 LLC     Side Apt #, etc.     100015 F 3985541     100/15 7 3985541     02/04/10011005014     Automation office Address     POOD N Bayshore Dr.     State Apt #, etc.     State Apt #, etc.     State Apt #, etc.     Country     Country     State Apt #, etc.     A State     Name and Address of Current Anglatered Agent     Researce Corts     State Apt #, etc.     State Apt #, etc.     Country     Country     State Apt #, etc.     State Apt #, etc.	
REINSTATEMENT   JUNISION D' CUMUNALUNS     DOCUMENT # LOSO00 10 2124     1. Limede Lastilly Company's Name     I CON 24114 LLC     JODI 16 7985541     02/04/1001005014     1900 N Bayshore Dr.     1900 N Bayshore Dr.     State Ast #, etc.     4301     Country     20     Country     33132     Dade     33132     Dade     State Ast #, etc.     4. State Country     33132     Dade     33132     Dade     State Ast #, etc.     4. State Country     33132     Dade     33132     Dade     State Actorsta     State Act	
1. Limited Liability company's Name     I. Limited Liability company's Name     I. CON 2414 LLC     1. Limited Liability company's Name     I. Converting and the set of the set o	
1. Limited Liability Company's Name     I. Limited Liability Company's Name     I. CON 24114 LLC     1. Limited Liability Company's Name     I. Converting State     1. Do 1. EF 38:5541     0. Do 2044/1001005-014     1. State/Country of Formation     State Address - No P.O. Box #     1. State/Country of Formation     State Address - No P.O. Box #     1. State/Country of Formation     State Address - No P.O. Box #     1. State/Country of Formation     State Address - No P.O. Box #     20   Country     21   Country     20   Country     3132   Dade     3132   Dade     31332   Country     21   Country     22   Country     3132   Dade     3132   Dade	
ICON 2414 LLC   ICOIS 7985541     2. Principal Office Address - No P.O. Box #   3. Mailing Office Address   ICOIS 7985541     1900 N Bayshore Dr.   IPON N Bayshore Dr.   IPON N Bayshore Dr.     Suite Apt #, etc.   IPON N Bayshore Dr.   IPON N Bayshore Dr.     Miami, FL   Suite Apt #, etc.   IPON N Bayshore Dr.     Miami, FL   Orly & Suite   IPON N Bayshore Dr.     Japenet For   Date Operating of Formation     Suite Apt #, etc.   IPON N Bayshore Dr.     Miami, FL   Niami, FL     Zip   Orde State     Miami, FL   Outry     Japenet For   Incoming Formation     State Country   State Country     Bane and Address of Current Registered Agent   IPO Accessing Co. Dow Number Is Not Acceptable     Name   Robada Street Address of Current Registered Agent     Nore Address of Current Registered Agent   IPO Coce     Nitre Address (D Dow Number Is Not	
100157385541     2. Principal Office Address - No P.O. Box #     3. Mailing Office Address     1900 N Boyshore Dr.     900 N Boyshore Dr.     8. Name and Address of Current Registered Agent     8. Name and Address of Current Registered Agent     900 N Boyshore Dr.     8. Name and Address Dr.     900 N Boyshore Dr.     8. Name and Address of Current Registered Agent     900 N Boyshore Dr.     9. Lieling applicated the registered Agent	
2. Principal Office Address - No P.O. Box #   3. Mailing Office Address   3. Mailing Office Address     19 CO   N   Boyshore   Dr.     Suite. Apt. #, etc.   19 CO   N   Boyshore   Dr.     4301   State   State   5. Date Organized or Qualified To Do Business in Floride   10 / 17 / 2005     City & State   City & State   City & State   6. FEI Number   Applied For     Miamin , FL   Micami , FL   Country   200   Country   State Country   Applied For     3132   Dade   33132   Country   Country   7. CERTIFICATE OF STATUS DESIRED   Stot Address (P.D. Box Number Is Not Acceptable)   Stot Address (P.D. Box Number Is Not Acceptable)     Name   Recess   Accepta   State   Certifying the prior notices store     Stote Address (P.D. Box Number Is Not Acceptable)   State   Zip Code   State     1900   N   Boyshore   Dr.   State   State   State Acceptable     Stote Address (P.D. Box Number Is Not Acceptable)   FE   33 132   Poil   State Acceptable   State   State Acceptable     Stote Address (P.D. Box Number Is Not Acceptable)   FE	
2. Principal Office Address - No P.O. Box #   3. Mailing Office Address   CR2E041 (11/09)     2. Principal Office Address - No P.O. Box #   3. Mailing Office Address   4. State/Country of Formation     Suite. Apt. #, etc.   4301   4301   5. Date Organized of Qualified To Do Business in Florida   10 / 17 / 2005     City & State   City & State   City & State   6. FEI Number   Applied For     Miamin , FL   Micami , FL   Country   Zip   Applied For     Zip   Country   Zip   Country   Applied For     8. Name and Address of Current Registered Agent   Certificate of Status Desired   Stot Address of Current Registered Agent     Name   Rosa   Accepta   Stote Address of Current Registered Agent   If A \$100 reinstatement fee is imposed, except in circumstances which the entity did not score Address (P.D. Box Number Is Not Acceptable)     I Joeing appleinted the registered agent   State   Zip Coce     Nicami   State   Zip Coce   State     State d Etc.   Associated Recore the prior notices. By Checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.     City A to the registered Agent   Recore the Agent Must Stice.   Date   2 / 1 / 2010	
1900   N   Boyshore   Dr.   4. State/Country of Formation     State   4301   4301   5. Date Organized or Qualified To Do Business in Florida   10 / 17 / 2005     City & State   City & State   6. FEI Number   Applicable     Micami   FL   Micami   FL     8. Name and Address of Current Registered Agent   Dade   300 Address for 0 state to a contribute of state     8. Name and Address of Current Registered Agent   Zip   Centry   300 Address for 0 state     8. Name and Address of Current Registered Agent   Image: Country of Country of Country of contrational of state   300 Address for 0 state     8. Name and Address of Current Registered Agent   Country for ontices state   300 Address for 0 state     8. Name and Address of Current Registered Agent   Country for ontices state   300 Address for 0 state     9. Or Box Sumbor is Not Accoptization   Centry   Zip Core   State   Zip Core     State   Agent   Et al.   State   Zip Core   State   State   State   Centry for notices were not received and requesting the \$100 reinstatement be waived.     City A State   FEL   33 132   Date   Zip Core   State   Centry for notices.<	
Suite Apt #, etc.   Suite. Apt #, etc.     4301   Suite. Apt #, etc.     4301   City & State     Miami, FL   Niami, FL     Zip   Country     B. Name and Address of Current Registered Agent     Name   Rosa     Rosa   Accosta     Stret Address (P.O Box Number Is Not Acceptable)     Not Registe	
H301   H301     City & State   City & State     City & State   City & State     Miami, FL   Niami, FL     2p   Country     33 132   Dade     8. Name and Address of Current Registered Agent     Name     Rossa   Accosta     Street Address (P.O. Box Number is Not Acceptable)     1900   N Boyshore     1900   N Boyshore     City   State     City   State     1900   N Boyshore     City   State     1900   N Boyshore     City   State     City   State     1900   N Boyshore     City   State     State   Zip Code     H301   FL     33132   Dade     State   Zip Code     At 300   City     State   Zip Code     FL   33132     9. 1. being applicated agen/Office above named limble liability company, an familiar with and accept the obligations of Chapter 600, F.S.     Signature of Registered Agent   Redistrenes of Ea	
City & State   City & State   Micami, FL   Appled For     Micami, FL   Niami, FL   Country   Country   Stote Applicable     Zip   Country   Zip   Country   Country   Stote Applicable     33 132   Dade   33132   Dade   Country   Country   Country     33 132   Dade   Country	
Zip   Country   Zip   Country   7. certificate of status desired     33 132   Dade   33 132   Dade   7. certificate of status desired     8. Name and Address of Current Registered Agent   Image: Country of a Certificate of Status desired   7. certificate of status desired     Name   Rosa   Accosta   Image: Country desired agent   Image: Certificate of Status desired     Name   Rosa   Accosta   Image: Certificate of Status desired   Image: Certificate of Status desired     Street Address (P.O. Box Numbor is Not Accopitable)   Image: Certificate of Status desired   Image: Certificate of Status desired     1900   N Bayshore   Dr.   State   Zip Code     State   Zip Code   Tree cerifying the prior notices were not received and requesting the \$100 reinstatement be waived.     City   State   Zip Code   Tree cerifying the prior notices. F.S.     Signature of Registered Agent   Registered Agent   Date   2/1 / 2010     Name of Managing Members/Managers   Name of Managing Members/Managers   Date   2/1 / 2010     No Address of Each Maraging Members/Managers   Street Address of Each Maraging Members/Manager   City / State / Zip     MSRM   Borsori, Roterto	
33 132   Dade   33132   Dade   CERTIFICATE OF STATUS DESIRED   Mor a Continuate of Status     8. Name and Address of Current Registered Agent   Name     Name   Rosa   Accosta   In Crack   In Cr	
8. Name and Address of Current Registered Agent     Name     Rosa   Acosta     Street Address (P.O. Box Number is Not Acceptable)     1900   N     Bayshore   Dr.     Street Address (P.O. Box Number is Not Acceptable)     1900   N     Bayshore   Dr.     Street Address (P.O. Box Number is Not Acceptable)   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.     City   State     Micami   FL     0. I. being appointed the registered agen of the above named limited liability company, and familiar with and accept the obligations of Chapter 600, F.S.     Signature of Registered Agent   REGISTERED AGENT MUST SIGN     10. Names and Street Addresses of Managing Members/Managers     Triles   Name of Managing Members/Managers     Triles   Name of Managing Members/Managers     MGRM   Borsari, Roberto   IPON N Bayshore Dr. #4301   Micami, FL   33132	
Rosa   Acosta     Street Address (P.O. Box Number is Not Acceptable)     IPOO   N     Boyshore   Dr.     Suite Address (P.O. Box Number is Not Acceptable)     IPOO   N     Boyshore   Dr.     Suite, Apt. #, Etc.     4301     City     Miama     P. I, being appointed the registered agen 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     Name of managing Members/Managers     Thes     Name of Maraging Members/Managers     MSRM   Borsari, Roterto     MGRM   Borsari, Mario     Pao N   Bayshore Dr. #4301     Miami, FL   33132	
Street Address (P.O. Box Number is Not Acceptable)   In Construction of the child in the child inthe child in the child in the child in the chi	
Image: Normal Street Addresses of Managing Members/Managers   Street Address of Each Managing Members/Managers   Street Address of Each Managers   City / State / Zip Code     0.   N. being appointed the registed egen/Crite above named including the diability company, am familiar with and accept the obligations of Chapter 608, F.S.   Signature of Registered Agent   Date   2 / 1 / 2010     10.   Names and Street Addresses of Managing Members/Managers   Street Address of Each Managers   City / State / Zip     Micarmi   Reference   1900 N Boxy-shore Dr. #4301   Micarmi, FL   33132     M6RM   Borsari, Morio   1900 N Boxy-shore Dr. #4301   Micarmi, FL   33132	
4301   Instruction requesting the \$100 reinstatement be waived.     City   State   Zip Code     Miami   FL   33132     9. 1, 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     10. Names and Street Addresses of Managing Members/Managers     Trites   Name of Managing Members/Managers     Trites   Name of Managing Members/Managers     MGRM   Borsari, Roterto   1900 N Boy-shore Dr. #4301 Miami, FL 33132     M6RM   Borsari, Morio   1900 N Boy-shore Dr. #4301 Miami, FL 33132	
Miami   FL   33132     9. 1, 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   Date   2/1/2010     10. Names and Street Addresses of Managing Members/Managers   Street Address of Each Managing Members/Managers   City / State / Zip     10. Names and Street Addresses of Managing Members/Managers   Name of Managing Members/Managers   Street Address of Each Manager   City / State / Zip     MSRM   Borsari, Roberto   1900 N Boy-shore Dr. #4301 Miami, FL 33132   33132     M6RM   Borsari, Mario   900 N Boy-shore Dr. #4301 Miami, FL 33132	
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   Date   2/1/2010     10. Names and Street Addresses of Managing Members/Managers   Street Address of Each Manager   City / Stale / Zip     10. Names and Street Addresses of Managing Members/Managers   Managing Members/Managers   City / Stale / Zip     MSRM   Borsari, Roberto   1900 N Boyshore Dr. #4301 Miami, FL 33132     MERM   Borsari, Mario   1900 N Boyshore Dr. #4301 Miami, FL 33132	
Signature of Registered Agent   Date   2/1/2010     IO. Names and Street Addresses of Managing Members/Managers   Intel Managing Members/Managers     Titles   Name of Managing Members/Managers   Street Address of Each Managing Members/Manager     MGRM   Borsari, Roterto   1900 N Boyshore Dr. #4301   Miami, FL 33132     MGRM   Borsari, Mario   1900 N Boyshore Dr. #4301   Miami, FL 33132	
REGISTERED AGENT MUST SIGN     10. Names and Street Address of Managing Members/Managers     Titles     Name of Managing Members/Managers     Street Address of Each Managing Members/Managers     City / Stale / Zip     MGRM Borsari, Roberto   1900 N Bayshore Dr. #4301 Miami, FL 33132     MGRM Borsari, Mario   1900 N Bayshore Dr. #4301 Miami, FL 33132	
TitlesName of Managing Members/ManagersStreet Address of Each Managing Member/ManagerCity / Stale / ZipMGRM Borsari, Roterto1900 N Bayshore Dr. #4301Miami, FL 33132MGRM Borsari, Mario1900 N Bayshore Dr. #4301Miami, FL 33132	
Managing Members/Managers Managing Member/Manager City / State / Zip   MGRM Borsari, Roterto 1900 N Boyshore Dr. #4301 Miami, FL 33132   MGRM Borsari, Mario 1900 N Boyshore Dr. #4301 Miami, FL 33132	
MERM Borsari, Mario 1900 N Bayshore Dr. #4301 Miami, FL 33132	
MERM Borsari, Mario 1900 N Bayshore Dr. #4301 Miami, FL 33132	
MGRM Cogorno, Juan 1900 N Bayshore Dr. #4301 Miami, FL 33132	
MGRM Cogorno, Juan 1900 N Bayshore Dr. #4301 Miami, FL 33132	
REINSTATEMENT = (8-1) = (12.1/4.101 - 0.24 + 1.17.5)	
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11. E-mail Address: Penelope 025 @ aol. com	
12. Locitly that am managing member/manager or the recover or thated compowered to execute this policitions)	
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.	
Organization     Date     2/1/2010     Daytimo Phone #     786 - 325 - 2630	