

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 NOV 13 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300162700403
11/10/09--01031--004 **\$77.50

CR2E041 (11/09)

DOCUMENT # L06000054143

1. Limited Liability Company's Name

IS PROPERTIES, LLC

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

2033 MAIN STREET

Suite, Apt. #, etc.

SUITE 600

City & State

SARASOTA, FL

Zip

34237

Country

USA

3. Mailing Office Address

2033 MAIN STREET

Suite, Apt. #, etc.

SUITE 600

City & State

SARASOTA, FL

Zip

34237

Country

USA

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified

To Do Business in Florida 05/25/2006

6. FEI Number

204942140

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

TROY H. MYERS, JR.

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

2033 MAIN STREET

Suite, Apt. #, Etc.

SUITE 600

City

SARASOTA

State

FL

Zip Code

34237

☐ 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 11/09/2009

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	IRENE SESSA	2033 MAIN ST., STE 600	SARASOTA, FL 34237

REINSTATEMENT

11. E-mail Address: tmyers@icardmerrill.com

(To be used for future annual report notifications)

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 Troy H. Myers, Jr., Reg. Agent Date 11/09/09 Daytime Phone # (941) 953-8110

Typed or printed name of signing Managing Member/Manager