

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JUN -9 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800156844698
06/05/09--01004--010 **416.25

CR2E041 (10/08)

DOCUMENT # L06000064066

1. Limited Liability Company's Name

IRA INVESTMENTS, LLC

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

15 PARADISE PLAZA

Suite, Apt. #, etc.

SUITE 256

City & State

SARASOTA

Zip

34239

Country

USA

3. Mailing Office Address

15 PARADISE PLAZA

Suite, Apt. #, etc.

SUITE 256

City & State

SARASOTA

Zip

34239

Country

USA

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

06/23/2006

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
CHARLES A. DIXON

Street Address (P.O. Box Number Is Not Acceptable)
15 PARADISE PLAZA

Suite, Apt. #, Etc.
SUITE 256

City
SARASOTA

State
FL

Zip Code
34239

☒ 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

Charles A. Dixon

REGISTERED AGENT MUST SIGN

Date

6/2/09

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	CHARLES A. DIXON	15 PARADISE PLAZA, SUITE 256	SARASOTA, FL 34239

REINSTATEMENT 07-09
RB

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

Charles A. Dixon

Date

Daytime Phone # (941) 350-5874

Typed or printed name of signing Managing Member/Manager CHARLES A. DIXON