

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2010 FEB 24 PM 3:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800168753068  
02/15/10--01027--013 \*\*521.25

CR2E041 (11/09)

DOCUMENT # **LO7000016580**

1. Limited Liability Company's Name

**IFR Associates, LLC**

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

**851 Pacer St**

Suite, Apt. #, etc.

City & State

**Nokomis, FL**

Zip

**34275**

Country

**U.S.**

3. Mailing Office Address

**851 Pacer St**

Suite, Apt. #, etc.

City & State

**Nokomis, FL**

Zip

**34275**

Country

**U.S.**

4. State/Country of Formation

**FL**

5. Date Organized or Qualified  
To Do Business in Florida

**2/13/2007**

6. FEI Number

**06-1478079**

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

**Paul Bertorelli**

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

**851 Pacer St**

Suite, Apt. #, Etc.

**Nokomis**

City

**Nokomis**

State

**FL**

Zip Code

**34275**

☐ 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

10. Names and Street Addresses of Managing Members/Managers

| Titles     | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip       |
|------------|--------------------------------------|---|--------------------------|
| <b>MGR</b> | <b>Paul Bertorelli</b>               | <b>851 Pacer St.</b>                              | <b>Nokomis, FL 34275</b> |
|            |                                      |   |                          |
|            |                                      |   |                          |
|            |                                      |   |                          |
|            |                                      |   |                          |
|            |                                      |   |                          |

**REINSTATEMENT 08-10**  
**AL**

11. E-mail Address **AV LON SIMMONS@CINCINNATI.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

Date **2/10/10**

Daytime Phone # **941-504-0648**

Typed or printed name of signing Managing Member/Manager