

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 OCT 30 PM 2: 36

DOCUMENT # L07000039330

1. Limited Liability Company's Name

ICC WEST PALM, LLC

900161661359
10/13/09--01061--005 **900.00

CR2E041 (10/08)

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

10 W. 33RD STREET

Suite, Apt. #, etc.

3. Mailing Office Address

397 ADELBURG LANE

Suite, Apt. #, etc.

City & State

NEW YORK, NY

City & State

CEDARHURST, NY

Zip

10001

Country

USA

Zip

11516

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified

To Do Business in Florida 2/5/2007

6. FEI Number

59-1055437

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

VANESSA N. COHN, ESQ.

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

TWO HARBOUR PLACE

Suite, Apt. #, Etc.

302 KNIGHTS RUN AVE., SUITE 1100

City

TAMPA

State

FL

Zip Code

33602

☐ 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

Date

REGISTERED AGENT MUST SIGN

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	FAIRWAY CAPITAL, LLC	1250 BROADWAY, SUITE 1203	NEW YORK, NY 10001

REINSTATEMENT 2008-09 LBM

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

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager