

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**LIMITED LIABILITY
COMPANY
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 JAN 13 AM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

Ives 4915, LLC
L08000028720

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #
1607 St. Pauls Dr.

3. Mailing Office Address
1607 Pauls Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida
MARCH 19, 2008

City & State
Clearwater, FL

City & State
Clearwater, FL

6. FEI Number

80-0164022

Applied For

Not Applicable

Zip Country
33764 USA

Zip Country
33764

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Donald Reddish, Esq.

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

28050 U.S. Hwy 19 N

Suite, Apt. #, Etc.

#208

400268324404
01/13/15--01025--004 **\$32.50

City
Clearwater

State Zip Code
FL 33624

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Donald Reddish

REGISTERED AGENT MUST SIGN

Date 9-4-14

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	Steven A. Ives	1607 St. Pauls Dr.	Clearwater, FL 33764
MGR	Colette A. Ives	1607 Pauls Dr.	Clearwater, FL 33764

MW 1-13-15

11. E-mail Address: ReddishLqu@gmail.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date 9-4-14

Daytime Phone #

Typed or printed name of signing Authorized Representative/Manager Steven A. Ives

Steven A. Ives