

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 5001, LLC  
L08000028723

CR2E041 (1/14)

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

1607 St. Pauls Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

1607 Pauls Dr.

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

80-0164014

Applied For

Not Applicable

Zip

33764

Country

USA

Zip

33764

Country

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

City

Clearwater

State

FL

Zip Code

33624

000268324440  
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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

11. E-mail Address:

(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 Ives*  
MW  
1-13-15