

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

14 JAN 27 AM 9:31

DOCUMENT # L11000076866

1. Limited Liability Company's Name

L11000076866  
Island Solutions of Key West, LLC

CR2E041 (12/13)

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

1517 DENNIS STREET

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 8

Suite, Apt. #, etc.

City & State

KEY WEST FL

City & State

KEY WEST FL

Zip

33040

Country

USA

Zip

33041

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

07-05-2011

6. FEI Number

30-0685323

☒ 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 Viktor Moskalenko

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

1517 DENNIS STREET

Suite, Apt. #, Etc.

City KEY WEST

State FL

Zip Code 33040

E-mail Address:

500255998255  
01/27/14--01003--010 \*\*516.25

(To be used for future annual report notices)

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

B. Shur

Date 01-20-2014

REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Titles AMBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
<u>MSR</u>	<u>MARINA TRIBUSHNAYA</u>	<u>1409 Laredo STREET</u>	<u>KEY WEST FL 33040</u>

11. I certify that I am an authorized person empowered to execute this application as provided for in Chapter 605, 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 Chapter 605, 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 in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of  
Authorized Person

[Signature]

Date 02-15-14 Daytime Phone # 305-304-1164

Typed or printed name of signing Authorized Person