

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

16 JUN 26 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L15000098226

1. Limited Liability Company's Name

IGI PLAYGROUND LLC

CR2E041 (1/14)

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

12885 BISCAYNE BLVD

Suite, Apt. #, etc.

UNIT 3 NORTH

City & State

MIAMI, FLORIDA

Zip

33181

Country

3. Mailing Office Address

9567 JONES RD

Suite, Apt. #, etc.

City & State

HOUSTON, TX

Zip

77065

Country

HARRIS

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

06/05/2015

6. FEI Number

81-2027178

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

REGISTERED AGENTS INC.

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

3030 N. Rocky Point Drive

Suite, Apt. #, Etc.

STE 150A

City

Tampa

State

FL

Zip Code

33607

200287400982
06/28/16--01031--010 **238.75

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

Bill Havre

Bill Havre - President

Date 6/21/2016

REGISTERED AGENT MUST SIGN

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
Mr.	Eric Garcia	3759 FM 1488 Rd. Unit 250	Spring, TX 77384

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

Erick Garcia

Date 06/21/2016

Daytime Phone # 954 605-9112

Typed or printed name of signing Authorized Representative/Manager Erick Garcia