PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED

2019 FEB 25 PM 7:22

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L17000154946

1. Limited Liability Company's Name
IKTAR LLC

400082738484
02/25/19--01006--007 **447.50

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
15701 Collins Avenue		c/o Law Offices of Rudy Valner	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite: 2103		421 N. Beverly Drive Suite: 300	
City & State		City & State	
Sunny Isles Beach, FL		Beverly Hills, CA	
Zip	Country	Zip	Country
33160	US	90210	US

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business In Florida 07/19/2017

6. FEI Number 38-4049518 ☐ 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
Aragon Registered Agents, Inc.

Street Address (P.O. Box Number is Not Acceptable) Suite,
255 Alhambra Circle

Apt. #, Etc.
Suite: 500

City	State	Zip Code
Coral Gables	FL	33134

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 _____ Date 2/22/19

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
MGR	Nicolas Saad	15701 Collins Avenue Suite: 2103	Sunny Isles Beach, FL 33160
	REINSTATE	FEB 25 2019	
		R. HUNT	

11. E-mail Address: mfernandez@jnrcpa.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 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 requirement 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 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 representative/member _____ Date 02/20/19 Daytime Phone # _____

Typed or printed name of signing authorized representative/member Nicolas Saad