

PLEASÉ READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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LIMITED LIABI COMPANY REINSTATEMI		Katheri Secreta	OA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS		FILED ARY OF STATE ASSEE, FLORIDA  2 APR	
DOCUMENT # L980000000011						
IKON INSURANCE GROUP L.L.C.						
•		, 2.				
2. Principal Office Address		3. Mailing Office Address				
1101 300 ST NW		1101 30t st NW		4. State/Country of Formation		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		FLANDA		
#220		+220		5. Date Organized or Qualified To Do Business in Florida		
City & State		City & State			9129	
WHIM (TON , DC		WALMINGH, D.C.		6.=FELNumb		- Applied For-
			Country		7. S5.00 Additional Fee required	
20007	UJA	20207	USA.	CERTIFICATE	E OF STATUS DESIRED .	or a Certificate of Status
8. Name and Address of Current Registered Agent						
Name Commercial Missis On Man						
Street Address (P.O. Box Number is Not Acceptable)						
	Street Address (P.O. Box Number is Not Acceptable)  9900 5 TIRLING R.D. # Z/Z					
Suite, Apt. #	Suite, Apt. #, Etc.					
	46-22c-				DE	
City WASHINGTON COOPER CITY, FL State Zip Code 33024						
9   heing appointed the r				acconting obligat		J. 10/80
9. I, being appointed the registered agent of the above named lighted liability company am familial with and accept the obligations of Chapter 608, F.S.  Signature of Registered Agent  REGISTERED AGENT MUST SIGN  Date						
10. Names and Street Addresses of Managing Members/Managers						
Titles	Name of		Street Address of Each Managing Member/Manager		City / Stat	e / Zip
CHMN. WILLIA.	WILLIAM VON RAAB		1101 304 5 NW, H220		WASHINGEN DC 20007	
Secriffment. Edward J. Street		1101	110: 30\$ S. NW. 4220		WAZNINGTON DC 2025)	
ADEC. MICHAIN	L MARKENS	2809	MORMUL GLOR	to Come	PANE FLO	ua 3332P
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<b>2</b>				9	00005309	1259——n
					-04/19/02 ****250.00	01081008 ****250.00
11. I certify that I am managing member/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 608,406, 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.						
Signature of Managing Member/Manager Date 3/8/32 Daytime Phone # (202)337-0115						
Typed or printed name of signing Managing Member/Manager EDWAN J. STUCKY						