

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 NOV -7 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000003014

1. Limited Liability Company's Name

IAK Florida Holding, L.L.C.

2. Principal Office Address

600 Fifth Ave South

Suite, Apt. #, etc.

Suite 300

City & State

Naples, FL

Zip

34102

Country

USA

3. Mailing Office Address

600 Fifth Ave South

Suite, Apt. #, etc.

Suite 300

City & State

Naples, FL

Zip

34102

Country

USA

REINSTATEMENT 2001

4. State/Country of Formation

Florida

USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

59-3568902

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$300 Additional Fee required
*for Certificate of Status

8. Name and Address of Current Registered Agent

Name

Ulrike Kerner

Street Address (P.O. Box Number if any)

600 Fifth Ave South

Suite, Apt. #, Etc.

suite 300

Naples

100004688811-0

-11/20/01-01030-004

****150.00 ****150.00

State

FL

Zip Code

34102

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of

Registered Agent

[Signature]

Date

11-5-1

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles

Name of
Managing Members/Managers

Street Address of Each
Managing Member/Manager

City / State / Zip

Mr Michael Kerner

838 Perrine Ct.

Marco Island, FL 34145

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

[Signature]

Date

10-18-1

Daytime Phone #

941-434-5223

Typed or printed name of signing Managing Member/Manager

Michael Kerner

CR2041 (9/01)