

APPLICATION FOR
REINSTATEMENT FOR
LIMITED LIABILITY COMPANY



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

FILED

OCT 29 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT # L 98000003218

IC Ventures LLC
300 South Pointe Drive
Apt. 1502
Miami Beach, FL 33139

1a. Principal Place of Business Address

IC Ventures LLC
300 South Pointe Drive
Apt. 1502
Miami Beach, FL 33139

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

12/17/98

3a. State of Formation

Florida

4. FEI Number

65-0901055

☐ Applied For

☐ Not Applicable

5. Date of Last Report

N/A

6. Certificate of Status Desired

☐ Active ☐ Expired

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

American Information Services, Inc.
One S.E. Third Avenue, 28th Floor
Miami, FL 33131

Name

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

Suite, Apt. #, etc.

City

Zip Code

FL

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

Mary Ann Leggett, Vice President

Date 10/26/99

10. Title

Managing Members/Managers

Business Street Address

City, State & Zip Code

MGR

Ingrid Casares

300 South Pointe Drive,
Apt. 1502

Miami Beach, FL 33139

100003047861--3
--11/17/99--01102--009
***150.00 ***150.00

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

Ingrid Casares

Date

Oct 26, 99

Daytime Phone #

3055329154

Type or printed name of signing Managing Member/Manager Ingrid Casares