

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 # 299-3441

1. Limited Liability Company's Name

IAK Florida Consulting, LLC

2. Principal Office Address

600 Fifth Ave South

Suite, Apt. #, etc.

Suite 306

City & State

Naples, FL

Zip

34102

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

12-29-98

6. FEI Number

59-3568903

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

Ulrike Kerner

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

600 Fifth Ave. South

Suite, Apt. #, Etc.

Ste. 306

City

Naples

State

FL

Zip Code

34102

600004689165-3

-11/20/01-01044-003

*****150.00 *****150.00

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]

REGISTERED AGENT MUST SIGN

Date 11-5-1

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
member	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 10/17/01

Daytime Phone (941) - 434-5225

Typed or printed name of signing Managing Member/Manager