

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 13 AM 10:16

DOCUMENT # L99000005584

1. Limited Liability Company's Name

Ironwood Investments LLC

2. Principal Office Address

12088 sugarpine trial

Suite, Apt., etc.

City & State

west palm beach, fl

Zip

33414

Country

usa

3. Mailing Office Address

p.o. Box 17133

Suite, Apt., etc.

City & State

west palm beach, fl

Zip

33416

Country

usa

4. State/Country of Formation

florida / usa

5. Date Organized or Qualified
To Do Business in Florida

9 - 07 -1999

6. FEI Number

650938095

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

McMinn, George Ross

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

4502B Garden Ave.

Suite, Apt., Etc.

City

west palm beach

State

FL

Zip Code

33406

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

George Ross McMinn
REGISTERED AGENT MUST SIGN

Date

12-20-04

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
partner	Michael L. Crowley	12088 sugarpine trl	west palm beach, fl 33414
partner	George R. McMinn	p.o. box 17133	west palm beach, fl 33416

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

George Ross McMinn

Date

12/20/04

Daytime Phone #

561 632 6474

Typed or printed name of signing Managing Member/Manager

McMinn, George Ross