

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC -6 PM 3:03

DOCUMENT # **MD00000002136**

1. Limited Liability Company's Name

**IKON Office Solutions Technology Services
LLC 70 Valley Stream Parkway
Malvern, PA 19355**

400004716884--0

-12/10/01--01087--006

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

2. Principal Office Address

303 Cayuga Rd

Suite, Apt. #, etc.

City & State

Buffalo NY

Zip

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

10/13/00

6. FEI Number

23

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Margaret E. Routzahn

**MARGARET E. ROUTZAHN
Special Assistant Secretary**

Date **11-30-01**

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
VP	William Urkiel	70 Valley Stream Pkwy	Malvern, PA 19355
S	Don H. Liu	70 Valley Stream Pkwy	Malvern, PA 19355
T	J.F. Quinn	70 Valley Stream Pkwy	Malvern, PA 19355
AS	Arten R. Shankman	70 Valley Stream Pkwy	Malvern, PA 19355
REINSTATEMENT 2001			
Rin 100 CBE 50 150			

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

Daytime Phone # **(610) 408-7208**

Typed or printed name of signing Managing Member/Manager

Assistant Secretary

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IKON OFFICE SOLUTIONS TECHNOLOGY SERVICES, LLC

OFFICERS

<u>TITLE</u>	<u>NAME</u>	<u>BUSINESS ADDRESS</u>
Vice President	William Urkiel	70 Valley Stream Parkway Malvern, PA 19355
Vice President	David Gadra	70 Valley Stream Parkway Malvern, PA 19355
Secretary	Don H. Liu	70 Valley Stream Parkway Malvern, PA 19355
Treasurer	J. F. Quinn	70 Valley Stream Parkway Malvern, PA 19355
Assistant Secretary	Michael T. Rush	70 Valley Stream Parkway Malvern, PA 19355
Assistant Secretary	Arlen Shenkman	70 Valley Stream Parkway Malvern, PA 19355
Assistant Secretary	Cindy Redel	70 Valley Stream Parkway Malvern, PA 19355