

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

182

2001
**LIMITED LIABILITY
COMPANY**

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 OCT 19 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M00000002459

1. Limited Liability Company's Name

I&S Associates, LLC

2. Principal Office Address

631 Tilton Road

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 689

Suite, Apt. #, etc.

City & State

Northfield, N.J.

City & State

Northfield, N.J.

Zip

08225

Country

USA

Zip

08225

Country

USA

4. State/Country of Formation

New Jersey

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

09/28/00

6. FEI Number

22-3401053

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

Amber F. Williams

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

911 Chestnut Street

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33756

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**

Amber F. Williams

REGISTERED AGENT MUST SIGN

Date

10/18/01

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. | Ira M. Trocki | 631 Tilton Road | Northfield, N.J. 08225 |
| Mrs. | Shari Trocki | 631 Tilton Road | Northfield, N.J. 08225 |
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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

10/17/01

Daytime Phone # 609-645-3000

Typed or printed name of signing Managing Member/Manager

Ira M. Trocki

CR2E041 (9/01)