

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M00000002459

1. Limited Liability Company's Name
I & S Associates, LLC

2. Principal Office Address

631 Tilton Road

Suite, Apt. #, etc.

City & State

Northfield, NJ

Zip

08225

Country

USA

3. Mailing Office Address

300-31st Street North

Suite, Apt. #, etc.

Suite 223

City & State

St. Petersburg, FL

Zip

33713

Country

USA

FILED

04 MAY 10 PM 1:02

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

900035808439

05/10/04--01055--012 **250.00

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

Jean Lee

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

300-31st Street North

Suite, Apt. #, Etc.

Suite 223

City

St. Petersburg

State

FL

Zip Code

33713

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

Jean Lee

REGISTERED AGENT MUST SIGN

Date **05/06/04**

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
MGR	Ira M. Trocki, M.D.	631 Tilton Road	Northfield, NJ 08225
MGR	Shari Trocki	631 Tilton Road	Northfield, NJ 08225

REINSTATEMENT 2004-2004

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

Ira M. Trocki

Date **05/06/04**

Daytime Phone # **609-645-3000**

Typed or printed name of signing Managing Member/Manager **Ira M. Trocki, M.D.**

CR2E041 (10/02)