

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M00000002709

1. Entity Name
ISCO INDUSTRIES, LLC



FILED

04 OCT 28 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
460 FIFE ROAD
MULBERRY, FL 33860

Mailing Address
P.O. BOX 4545
LOUISVILLE, KY 40204



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10252004 REIN-LLC CR2E101 (6/04)

City & State

City & State

4. FEI Number

61-0600157

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2005, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME KIRCHDORFER, JAMES J JR
STREET ADDRESS 6405 ORCHID HILL PL
CITY-ST-ZIP LOUISVILLE, KY 40207

TITLE ☒ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 306 Coralberry Road
CITY-ST-ZIP Louisville, KY 40207

TITLE MGRM ☐ Delete
NAME KIRCHDORFER, MARK
STREET ADDRESS 8417 OXFORD WOODS CT
CITY-ST-ZIP LOUISVILLE, KY 40222

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME KIRCHDORFER, JAMES J SR
STREET ADDRESS 435 KNIGHTSBRIDGE RD
CITY-ST-ZIP LOUISVILLE, KY 40206

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption in Section 607.193(2)(b), Florida Statutes; further, I certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

James J. Kirchdorfer Sr.

10/27/04

Date

(502) 583-6591

Daytime Phone #