

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAY 12 AM 10:56

**DOCUMENT #** M02000000313

**1. Limited Liability Company's Name**

ICON Income Fund Nine, LLC

**2. Principal Office Address**

100 Fifth Avenue

Suite, Apt. #, etc.

10th floor

City & State

New York, NY

Zip

10011

Country

USA

**3. Mailing Office Address**

100 Fifth Avenue

Suite, Apt. #, etc.

10th floor

City & State

New York, NY

Zip

10011

Country

USA

**4. State/Country of Formation**

Delaware

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

2-1-2002

**6. FEI Number**

13-4183234

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

NRAI Services, Inc.

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

2731 Executive Park Drive

Suite, Apt. #, Etc.

Suite 4

City

Weston

State

FL

Zip Code

33331

**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

Irere F. Lord Asst Secy of NRAI  
Irere F. Lord - REGISTERED AGENT MUST SIGN

Date 5/4/2005

**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	ICON Capital Corp.	100 Fifth Avenue, 10th Floor	New York, NY 10011
			800056034388 06/10/05--01077--001 **250.00

**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 5/3/2005 Daytime Phone # 212-418-4700

Typed or printed name of signing Managing Member/Manager Michael A. Reissner, Secretary, Manager

CR2E041 (10/02)