

MO8000004267

(Requestor's Name)

(Address)

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EXAMINER



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TALLAHASSEE, FLORIDA

The logo for Corporation Service Company (CSC) features the letters "CSC" in a bold, sans-serif font, with a stylized circular graphic element below it.

CORPORATION SERVICE COMPANY'

ACCOUNT NO. : I20000000195

REFERENCE : 376021 4327335

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 238.75

ORDER DATE : October 10, 2012

ORDER TIME : 3:59 PM

ORDER NO. : 376021-065

CUSTOMER NO: 4327335

REINSTATEMENT

NAME: INDEPENDENT PRODUCERS OF
AMERICA, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
_____ PLAIN STAMPED COPY
XX _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Becky Peirce

EXAMINER'S INITIALS _____

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M08000004267

1. Limited Liability Company's Name

Independent Producers of America, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 14497 N. Dale Mabry Highway		3. Mailing Office Address 14497 N. Dale Mabry Highway	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tampa, FL		City & State Tampa, FL	
Zip 33618	Country USA	Zip 33618	Country USA

4. State/Country of Formation
DE

5. Date Organized or Qualified
To Do Business in Florida 9/19/2008

6. FEI Number
26-2409868

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
Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32301

E-mail Address:

(To be used for future annual report notices)

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

Meryl Wiener

Meryl Wiener
Assistant Vice President

Date

10/14/2012

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
MGR	David Keeler	14497 N. Dale Mabry Highway	Tampa, FL 33618
MGR	Mark Hunt	14497 N. Dale Mabry Highway	Tampa, FL 33618
MGR	Sondra Bradley	14497 N. Dale Mabry Highway	Tampa, FL 33618
MGR	Jeffrey C. Smedsrud	8009 34th Avenue S, Ste. 360	Bloomington, MN 55425
MGR	David T. Kettig & Teresa Herbert	485 Madison Avenue, 14th Floor	New York, NY 10022
MGR	Adam C. Vandervoort	485 Madison Avenue, 14th Floor	New York, NY 10022

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Adam C. Vandervoort

Date

10/18/2012

Daytime Phone #

(212) 355-4141

Typed or printed name of signing Managing Member/Manager Adam C. Vandervoort