

1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE

FILED

15 OCT 23 PM 3: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDALIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT

1. Limited Liability Company's Name
M14000008339

IG SERVICES (DELAWARE), LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 4170 ASHFORD DUNWOODY ROAD Suite, Apt. #, etc. SUITE 250 City & State ATLANTA, GA Zip 30319		3. Mailing Office Address Same Suite, Apt. #, etc. City & State Zip Country USA	
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4. State/Country of Formation DE	
5. Date Organized or Qualified To Do Business In Florida	
6. FEI Number 47-1811171	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	
Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD Suite, Apt. #, Etc. City PLANTATION State FL Zip Code 33324	

OCT 26 2015

L. SELLERS

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Connie Bryan

Date 10/22/2015

REGISTERED AGENT MUST SIGN

Assistant Secretary

10. Names and Street Addresses of Authorized Representatives/Managers			
Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	Mike Lewis	4170 ASHFORD DUNWOODY RD,	STB 250, ATLANTA, GA 30319

REINSTATEMENT 2015

11. E-mail Address: pwood@insightglobal.net

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date

10/23/15

Daytime Phone #

404-257-2420

Typed or printed name of signing Authorized Representative/Manager

Mike Lewis

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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**LIMITED LIABILITY REINSTATEMENT
IG SERVICES (DELAWARE), LLC**

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Corporate Filing Menu

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