

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 MAY 19 AM 8:29

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # L02000017997

1. Limited Liability Company's Name

Menin Investments, LLC

W09-18988

200150702022

04/16/09--01044--027 \*\*238.75

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # <u>1745 Junes Ave</u>		3. Mailing Office Address <u>1100 West Ave</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <u>TS 1</u>	
City & State <u>Miami Beach, FL</u>		City & State <u>Miami Beach, FL</u>	
Zip <u>33139</u>	Country <u>USA</u>	Zip <u>33139</u>	Country <u>USA</u>

4. State/Country of Formation <u>FL</u>
5. Date Organized or Qualified To Do Business in Florida <u>7/16/02</u>
6. FEI Number <u>300095682</u>
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 <u>Keith Menin</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>1100 West Ave</u>			
Suite, Apt. #, Etc. <u>TS 1</u>			
City <u>Miami Beach</u>	State <u>FL</u>	Zip Code <u>33139</u>	

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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: [Signature] Date: 4/14/09

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
<u>MGRM</u>	<u>Keith Menin</u>	<u>1100 West Ave TS 1</u>	<u>Miami Beach, FL 33139</u>
	<u>L. SELLERS</u>		<u>200150702022</u> <u>05/15/09--01004--003 **177.50</u>
	<u>MAY 20 2009</u>	<u>REINSTATEMENT</u>	<u>0709</u>
	<u>EXAMINER</u>		

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: [Signature] Date: 4/14/09 Daytime Phone # 305-766-0903

Typed or printed name of signing Managing Member/Manager: \_\_\_\_\_