

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2008 MAY 14 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04142008 REIN-LLC CR2E101 (1/07)

DOCUMENT # L05000044951 1. Entity Name MM&E SCHUSTER INVESTMENT, L.L.C.			
Principal Place of Business 20 ISLAND AVE., UNIT 1017 MIAMI BEACH, FL 33139		Mailing Address 20 ISLAND AVE., UNIT 1017 MIAMI BEACH, FL 33139	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 1800 Purdy ave 2411	
City & State Zip		City & State South Miami Beach Zip 33139	
Country		Country FL	
4. FEI Number 20-2810265		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent SCHUSTER, MARIA 20 ISLAND AVE., UNIT 1017 1800 Purdy ave 2411 MIAMI BEACH, FL 33139	7. Name and Address of New Registered Agent Name MARIA SCHUSTER Street Address (P.O. Box Number is Not Acceptable) 1800 Purdy ave 2411 City South Beach - FL Zip Code 33139
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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 *Maria Schuster* (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$377.50

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUSTER, MARIA		NAME		
STREET ADDRESS	20 ISLAND AVE., UNIT 1017		STREET ADDRESS		
CITY - ST - ZIP	MIAMI BEACH, FL 33139		CITY - ST - ZIP		
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05/07/08--01008--004 **382.50

REINSTATED 05/08

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further 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: *Maria Schuster* Date *April 22-08*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #