

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

06 NOV -7 PM 3:12

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # H050001837653 L05000075481

1. Limited Liability Company's Name INVESTMENT CRIBS, LLC

CR2E041 (8/05)

2. Principal Office Address 318 INDIAN TRACE 505 WESTON, FL 33326 BROWARD

3. Mailing Office Address 4. State/Country of Formation 5. Date Organized or Qualified To Do Business in Florida 6. FEI Number 20-3799970 7. CERTIFICATE OF STATUS DESIRED

8. Name and Address of Current Registered Agent HAGEN & HAGEN, P.A. 3531 GRIFFIN ROAD FT. LAUDERDALE FL 33312

REINSTATEMENT 06

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 Date 10/27/06

Table with 4 columns: Titles, Name of Managing Members/Managers, Street Address of Each Managing Member/Manager, City / State / Zip. Row 1: JAZMIN MORALES, 318 INDIAN TRACE #505, WESTON, FL 33326.

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. Signature of Managing Member/Manager Date 10/27/06 Daytime Phone# 954-987-0515