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.,•		PLEASE READ	ALL INST	RUCT	IONS BEF	ORE C	OMPLET	ING T	HIŞ E(ĎβM.		
C	ED LIAB OMPAN' STATEM	Y	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				06 NOV -7 PM 3: 12 SECRETARY OF STATE TALLAHASSEE, FLORIDA					
DOCUMENT #H050001837653 L050007548 1. Limited Liability Company's Name INVESTMENT CRIBS, LLC								(ACL)	N MOOL		<i>57</i> (
2. Principal	Office Addre		3. Mailing Office Address				CR2E041 (8/05)					
Suite, Apt. #, 505		N TRACE	Suite, Apt. #, etc.				State/Country of Formation S. Date Organized or Qualified To Do Business in Florida					
WESTON, FL			City & State				6. FEI Numb	⁹¹ 1799	970		\vdash	lied For
^{Zip} 33326	26 BROWARD		Zip		Country		7. CERTIFICATE OF STATUS DESIDED \$5.0					Applicable ee require of Status
	Street Add 3531 Suite, Apt.	EN & HAGEN GRIFFIN RO #, Etc. AUDERDAL	STAT	State FL	3 ^Z S ^C S	. <i>(</i>)	6	_				
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligation Signature of Registered Agent									10	F.S. /22/	66	
10. Names	s and Street A	Addresses of Managing Med								······································	·	
Titles		Name of Managing Members/Manage	Street Address of Each				City / State / Zip					
NGRM	JAZMI	N MORALES		318 INDIAN TRAC			#505	WESTON, FL 33326				
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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 filling 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

Date 10/27/06 Daytime Phone# 954-987-0515

Typed or printed name of signing Managing Member/Manager JAZMIN MORALES