

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

16 OCT -4 AM 10:07

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L13000090644

1. Limited Liability Company's Name

FM INVESTMENTS I, LLC

2. Principal Office Address - No P.O. Box #

1000 E. HALLANDALE BLVD

Suite, Apt. #, etc.

28

City & State

HALLANDALE, FLORIDA

Zip

33009

Country

USA

3. Mailing Office Address

1000 E. HALLANDALE BLVD

Suite, Apt. #, etc.

28

City & State

HALLANDALE, FLORIDA

Zip

33009

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

06/24/2013

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a certificate of status

8. Name and Address of Current Registered Agent

Name

JOSEFINA A GATTEL PA

Street Address (P.O. Box Number is Not Acceptable) Suite

1000 E HALLANDALE BEACH BLVD

Apt. #, Etc

28

City

HALLANDALE BEACH

State

FL

Zip Code

33009

100290919481
10/04/16--01003--021 **238.75

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

Date 9-29-16

REGISTERED AGENT MUST SIGN

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	EZEQUIEL FISCHER	1000 E. HALLANDALE BLVD, SUITE 28	HALLANDALE BEACH FL 33009

REINSTATEMENT

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11. E-mail Address: assistantefischeropa@gmail.com

(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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date

9/29/16

Daytime Phone #

305-527-3502

Typed or printed name of signing authorized representative/member