PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 FEB 17 AM 9:54

DOCUMENT # L99000003188

**1.** Limited Liability Company's Name

RENA Investments, LLC

| **2.** Principal Office Address | **3.** Mailing Office Address |
|---|---|
| TAMMI RENA WATSON | TAMMI RENA WATSON |
| Suite, Apt. #, etc. 14149 Eden Isle Blvd. | Suite, Apt. #, etc. 14149 Eden Isle Blvd |
| City & State Windermere FL | City & State Windermere FL |
| Zip 34786 Country U.S | Zip 34786 Country |

**4.** State/Country of Formation U.S - FL

**5.** Date Organized or Qualified To Do Business in Florida 08.01

**6.** FEI Number 59-3725773 ☐ 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 TAMMI WATSON

Street Address (P.O. Box Number is Not Acceptable) 14149 Eden Isle Blvd.

Suite, Apt. #, Etc.

City Windermere State FL Zip Code 34786

**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 02.14.05

REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

**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 |
|---|---|---|---|
| MGRM | TAMMI RENA WATSON | 14149 Eden Isle Blvd. | Windermere FL 34786 |
| | | | |
| | | | |
| | | | |
| | | | |

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REINSTATEMENT 01-05

**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 _____ Date 02.14.05 Daytime Phone # 407-656-2574

Typed or printed name of signing Managing Member/Manager TAMMI R. WATSON