## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

DIVISION OF CORPORATIONS

FILED SECRETARY OF STALE DIVISION OF CORPORATIONS

03 NOV 10 PM 4: 05

1. DOCUMENT #

M01000000226

Name and Mailing Address

0016866 01 MB 0.309 \*\*AUTO T1 0 0615 89128-104550 Umbbloodlistilistanillindabbitatibliadadl MAJEKA INVESTMENTS, LLC 7469 W. LAKE MEAD BLVD., SUITE 200 LAS VEGAS NV 89128-1045

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2. New Mailing Address				State/Country of Formation     NV			
City, State, Zip				Date Organized or Qualified     To Do Business in Florida     01/26/2001			
Principal Place of Business 7469 W. LAKE MEAD BLVD., SUITE 200			ss Address	6. FEI Number Applied For 91–2095126 Not Applicable			
LAS VEGAS NV 89128 US		City, State, Zip	ate, Zip		7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status		
8. Name and Address of Current Registered Agent				Name and Address of New Registered Agent			
HALPERN, MARCIA 142 LOST BRIDGE DR. PALM BEACH GARDEN FL 33410			Name Street Address (P.O. Box Number is Not Acceptable)				
			City	FL zip Code			
			Signature of Registered Agent Manual GRED Date 1/14/03 Date 1/14/03				
11. Names and Street Addresses of Each Managing Member/Manager							
Title(s)	Name of Managing Members/Managers		et Address of Each ng Member/Manager		City / State / Zip		
MGR	HALPERN, MARCIA	142 LOST BR	T BRIDGE DRIVE		PALM BEACH GARDENS FL 33410		
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12. 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							

as if made under oath.

Signature of Managing Member/Manage