PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 SEP -5 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000072220

700109295067
09/11/07--01018-012 **250.00
CR2E041(1/07)

1. Limited Liability Company's Name

IN YOUR FACE INVESTMENTS, LLC

W07-33839

2. Principal Office Address - No P.O. Box #
205 15TH CIRCLE
Suite, Apt. #, etc.
City & State KEY COLONY BEACH, FL
Zip 33051 Country USA

3. Mailing Office Address
205 15TH CIRCLE
Suite, Apt. #, etc.
City & State KEY COLONY BEACH, FL
Zip 33051 Country USA

4. State/Country of Formation
FLORIDA / USA

5. Date Organized or Qualified To Do Business in Florida 10/5/2004

6. FEI Number [redacted] 30-[redacted] 031 1347 ☐ 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
RICHARD NIAZY
Street Address (P.O. Box Number is Not Acceptable)
205 15TH CIRCLE
Suite, Apt. #, Etc.
City KEY COLONY BEACH State FL Zip Code 33051

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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 R. Richard Niazy Date 7/11/07
REGISTERED AGENT MUST SIGN

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	R. RICHARD NIAZY	205 15TH CIRCLE	KEY COLONY BEACH, FL 33051
MGRM	GREGORY NICHOLS	7151 DEER LAKE CT.	CLARKSTON, MI 48346
	FF $150.00		
	RF 100.00	REINSTATEMENT	
		2005-2007	

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 7/11/07 Daytime Phone # 248.240.5851

Typed or printed name of signing Managing Member/Manager GREGORY NICHOLS