PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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COMPANY REINSTATEMENT COMPANY Secretary of State DIVISION OF CORPORATIONS						IATE	21	FILED	t i
DOCUMENT # L06000028528 1. Limited Liability Company's Name LUSKAM INVESTMENT LLC								ECRETARY OF STATE	
								CR2E041 (10/08)	
,	al Office Addre	ess - No P.O. Box #	1	3. Mailing Office Address 1915 BRICKELL AVENUE			4. State/Country of Formation		
Suite, Apt.			Suite, Apt. #, etc. APT #C-1513				FLORIDA 5. Date Organized or Qualified To Do Business in Florida 3/17/2006		
City & State			City & State MIAMI, FL				6. FEI Number Applied For		
Zip 33131	Country		Zip 33139		Country USA		7. SERVISIONE OF STATUS DECIDED 55.00 Additional Fee require		Not Applicable Additional Fee required a Certificate of Status
					-				a Certificate of Status
8. Name and Address of Current Registered Agent Name WISNIACKI, FABIAN							A \$100 reinstatement fee is imposed, except in circumstances which the entity did not		
Street Address (P.O. Box Number is Not Acceptable) 1915 BRICKELL AVENUE							receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.		
Suite, Apt. #, Etc. APT #C-1513									
City MIAMI			State Zip Code FL 33139			101100			
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									
10. Nam	es and Street /	Addresses of Managing Men	nbers/Managers						
Titles	Name of Managing Members/ Managers			Street Address of Each Managing Member/Manage				City / State / Zip	
MGR	WISNIAKI, FABIAN			1915 BRICKELL AVE, APT#C-1513			#C-1513	MIAMI, FL 33139	
						500148436305 04/02/0901020013 **516.25			
	REINSTATEMENT-07-08-09								
···					C.L				
filing t all fee	his reinstateme	ent application the reason for limited liability company have	dissolution has l	been eliminate	ed, the limited liabil	lity compa	any name satisfie	ed for in chapter 608, F.S. I furth as the requirements of section 60 ate, and my signature shall have	8.406, F.S., and that
Signature of Managing I	of Member/Mana	iger\			Dat	е	[Daytime Phone #	2916

Typed or printed name of signing Managing Member/Manager FABIAN WISNIAKI