

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000002742

1. Limited Liability Company's Name

DOVE INVESTMENTS, LLC

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

333 Earl Ovington Blvd

Suite, Apt. #, etc.

Suite 900

City & State

Uniondale, NY

Zip

11553

Country

USA

3. Mailing Office Address

333 Earl Ovington Blvd

Suite, Apt. #, etc.

Suite 900

City & State

Uniondale, NY

Zip

11553

Country

USA

8. Name and Address of Current Registered Agent

Name

Vcorp Services, LLC

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

5011 South State Road 7

Apt. #, Etc.

Suite 106

City

Davie

State

FL

Zip Code

33314

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 805, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

12/14/15

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

11. E-mail Address: statenotices@vcorservices.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 805, 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 805.0012, 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

07/28/2015

Daytime Phone #

516-506-4583

Typed or printed name of signing authorized representative/member

Max Professore

2015 DEC 21 PM 2:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

CR2E041 (1/14)

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

03/07/2000

6. FEI Number

364428562

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status

500279087665
11/12/15--01043--006 **377.50

DEC 22 2015
J. HARRIS