


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
03 JAN 29 PH 1:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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02/04/03--01059--004 \*\*200.00

DOCUMENT # **L00000003487**

1. Limited Liability Company's Name  
**A&E INVESTMENTS, LLC.**

2. Principal Office Address  
**412 E. MADISON ST.**  
Suite, Apt. #, etc.  
**Suite 1111**  
City & State  
**TAMPA FL**  
Zip  
**33602** Country  
**USA**

3. Mailing Office Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. State/Country of Formation  
**FLORIDA**

5. Date Organized or Qualified To Do Business in Florida  
**3/28/2000**

6. FEI Number  
**593635371** Applied For  
Not Applicable

7. CERTIFICATE OF STATUS DESIRED

B. Name and Address of Current Registered Agent

Name  
**Erik Luginis**

Street Address (P.O. Box Number is Not Acceptable)  
**412 EAST MADISON STREET**

Suite, Apt. #, Etc.  
~~TAMPA~~ **33602 Suite 1111**

City  
**TAMPA** State  
**FL** Zip Code  
**33602**

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  
**Erik M. Luginis** Date  
**1/28/2003**

REGISTERED AGENT MUST SIGN

10. Name and Street Address of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	LUGRIS, ERIK	412 E. MADISON ST. <sup>SUITE</sup> 1111	TAMPA, FL 33602

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  
**Erik M. Luginis** Date  
**1/28/03** Daytime Phone #  
**813-610-9001**

Typed or printed name of signing Managing Member/Manager  
**ERIK M. LUGRIS**

INITIAL  
**(E)**