


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. ^{SUITE} 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
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