

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000003606

1. Limited Liability Company's Name

Luan Investments, L.L.C.

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

5505 Pembroke Road

Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip

33021

Country

Broward

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

3/30/00

6. FEI Number

59-2184842

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

John D. Keating

Street Address (P.O. Box Number Is Not Acceptable)

5505 Pembroke Road

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33304

E-mail Address:

700253499557
11/04/13--01047--007 **\$80.00

hperry@mcklaw.com

(To be used for future annual report notices)

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 10/23/13

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	Keating, John D.	5505 Pembroke Road	Hollywood, FL 33021
MGRM	Hein, Robert N.	2636 Grace Drive	Fort Lauderdale, FL 33316
MGRM	Adams, Flooker	1021 N.W. 1st Street	Fort Lauderdale, FL 33311

REINSTATEMENT 2010-2013

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. 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 Managing
Member/Manager

Date 10/23/2013

Daytime Phone # (954) 563-4163

Typed or printed name of signing Managing Member/Manager John D. Keating, Managing Member

NOV - 5 2013

T. HAMPTON

FILED
2013 NOV - 4 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E044(1)