

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 FEB 12 PM 2:11

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L00000004962

1. Limited Liability Company's Name

Invest ImpEx L.L.C.

2. Principal Office Address

1220 N. Market St.

Suite, Apt. #, etc.

Suite 606

City & State

Wilmington, DE

Zip
19801

Country
USA

3. Mailing Office Address

1220 N. Market St.

Suite, Apt. #, etc.

Suite 606

City & State

Wilmington, DE

Zip
19801

Country
USA

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

6. FEI Number

Not Applicable

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

Florida Filing & Search Services, Inc.

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

1333 North Duval Street

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code
32302

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

2/11/04

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
MGR Member	Euro-Amex Exchange, Inc.		
MGR Membe	Worldfund, Inc.		
		200028666792	
		REINSTATEMENT	2003-0402

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

[Signature]

Date

2/10/04

Daytime Phone #

302-421-5752

Typed or printed name of signing Managing Member/Manager

Sid Garnett, Attorney-in-Fact of Members

CR2E041 (10/02)

FLORIDA FILING & SEARCH SERVICES, INC.
P.O. BOX 10662 TALLAHASSEE, FL 32302
PHONE: (850) 668-4318 FAX: (850) 668-3398

FILED
2004 FEB 12 PM 2:11
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DATE: 02-12-04

NAME: INVEST IMPEX L.L.C.

TYPE OF FILING: REINSTATEMENT

COST: \$200.00

RETURN:

RECEIVED
04 FEB 12 AM 10:48
DIVISION OF CORPORATION

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

