

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 FEB -8 AM 11:00

DOCUMENT # L00000005429

1. Limited Liability Company's Name

INVERNESS INVESTMENTS, LLC

100066835431
02/28/06-01050-030 **255.00

CR2E041 (8/05)

2. Principal Office Address

4748 South Ocean Blvd.

Suite, Apt. #, etc.

Apt. 9A

City & State

Highland Beach, FL

Zip

33487

Country

U.S.A.

3. Mailing Office Address

183 Barra Lane

Suite, Apt. #, etc.

City & State

INVERNESS, IL

Zip

60067-8002

Country

U.S.A.

4. State/Country of Formation

FL / U.S.A.

5. Date Organized or Qualified
To Do Business in Florida

5/18/00

6. FEI Number

36-4370673

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

Paul R. Golis

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

2000 Glades Road

Suite, Apt. #, Etc.

Suite 306

City

Boca Raton

State

FL

Zip Code

33431

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

Paul R. Golis

Date

2/3/06

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	Joan M. Hawkins	183 Barra Lane	INVERNESS, IL 60067

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

Joan M. Hawkins

Date

2-3-06

Daytime Phone #

(847) 705-5400

Typed or printed name of signing Managing Member/Manager

JOAN M. HAWKINS