


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
--	--

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 FEB -8 AM 11:00

DOCUMENT # L00000005756

1. Limited Liability Company's Name

COLONIAL INVESTMENTS, LLC

700066836207
02/28/06--01055--001 **255.00

CR2E041 (8/05)

2. Principal Office Address 4748 SOUTHOCEAN BLVD Suite, Apt. #, etc. 9-A City & State HIGHLAND BEACH FL Zip 33487 Country USA		3. Mailing Office Address 183 BARRA LANE Suite, Apt. #, etc. City & State INVERNESS IL Zip 60067 Country USA	
--	--	--	--

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 364370987	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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	Michael J. Hawkins	183 Barra Lane	INVERNESS, IL 60067

REINSTATEMENT 04-06

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 Mike Hawkins Date 2/3/06 Daytime Phone # 847-705-5400
Typed or printed name of signing Managing Member/Manager MIKE HAWKINS