

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 AUG -1 AM 8:40

10-4-02
350.00

DOCUMENT # L00000009635

1. Limited Liability Company's Name

Investment Holdings & Management LLC

2. Principal Office Address

3024 NE 22 Street

Suite, Apt. #, etc.

City & State

Fort Lauderdale FL

Zip

33305

Country

USA

3. Mailing Office Address

3024 NE 22 Street

Suite, Apt. #, etc.

City & State

Fort Lauderdale FL

Zip

33305

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

08/09/2000

6. FEI Number

65-1077129

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

Allan I. Kruger CPA

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

2700 West Cypress Creek Road

Suite, Apt. #, Etc.

D-135

City

Fort Lauderdale

State

FL

Zip Code

33309

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

Allan I. Kruger

Date

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
D	Anthony Morello	3024 NE 22 Street	Fort Lauderdale FL
			33305-1826
			200078526662 08/09/06-01037-022 ***350.00
			REINSTATEMENT 02-26

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

Anthony Morello

Date

May 25, 06

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Anthony Morello