

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 SEP 27 AM 8:18

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000011141

1. Limited Liability Company's Name

Prime Investments, LLC

2. Principal Office Address

1055 N.E. 125th Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33161

Country

USA

3. Mailing Office Address

P.O. Box 402401

Suite, Apt. #, etc.

City & State

Miami Beach, Florida

Zip

33140

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

9/15/2000

6. FEI Number

651039555

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (8/05)

8. Name and Address of Current Registered Agent

Name

Michael I. Bernstein, P.A.

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

8925 S.W. 148th Street

Suite, Apt. #, Etc.

Suite 200

City

Miami

State

FL

Zip Code

33176

300060503523

10/12/05 01004 000 **250 00

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

REGISTERED AGENT MUST SIGN

Date 9/20/05

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	A. Shaulson	P.O. Box 402401	Miami, FL 33140

REINSTATEMENT 03-05

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

Date 9/22/05 Daytime Phone#

Typed or printed name of signing Managing Member/Manager A. Shaulson