

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 OCT 22 PM 12: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

L-11442

1. Limited Liability Company's Name

Lucky 13 Investments, LLC

REINSTATEMENT 2001

2. Principal Office Address 2701 Aqua Vista Blvd.		3. Mailing Office Address		4. State/Country of Formation Broward, Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida 9/12/00	
City & State Ft. Lauderdale, FL		City & State		6. FEI Number 65-1047891	
Zip 33301	Country	Zip	Country	Applied For Not Applicable	
				7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name Harold S. Bofshever, Esq.	000004658420
Street Address (P.O. Box Number Is Not Acceptable) 4875 N: Federal Highway, 7th Floor	-10/30/01-01012-001 ***150.00 *** 50.00
Suite, Apt. #, Etc.	
City Fort Lauderdale, FL 33308	State FL
	Zip Code

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 _____ 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
Prof	ROBERT WOLTER	2701 Aqua Vista Blvd	FT LAUDERDALE FL 33301

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 _____ Date 10/31/01 Daytime Phone# 954-557-4758
Typed or printed name of signing Managing Member/Manager Robert Wolter

CR2EM1 (9/00)