

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 DEC 17 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

L00000011483

1. Limited Liability Company's Name

FSG INVESTMENTS, LLC

2. Principal Office Address

3050 UNIVERSAL BLVD

Suite, Apt. #, etc.

SUITE 100

City & State

WESTON, FL

Zip

33331

Country

U.S.A.

3. Mailing Office Address

3050 UNIVERSAL BLVD

Suite, Apt. #, etc.

SUITE 100

City & State

WESTON, FL

Zip

33331

Country

U.S.A.

4. State/Country of Formation

FLORIDA / U.S.A

5. Date Organized or Qualified
To Do Business in Florida

9-21-00

6. FEI Number

65-1153031

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

JOSEPH BYRNES

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

3050 UNIVERSAL BLVD.

Suite, Apt. #, Etc.

SUITE 100

City

WESTON

State

FL

Zip Code

33331

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

JOSEPH P. BYRNES

REGISTERED AGENT MUST SIGN

Date

10-15-01

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

MANAGER

JOSEPH P. BYRNES

3050 UNIVERSAL BLVD, #100

WESTON, FL 33331

REINSTATEMENT

01
DEC

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

JOSEPH P. BYRNES

Date

10-15-01

Daytime Phone #

954-385-0000

Typed or printed name of signing Managing Member/Manager

JOSEPH P. BYRNES

CR2E041 (9/01)