LIMITED LIABILITY **COMPANY** REINSTATEMENT



FEORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS

SECKLIAKY OF STATE TALLAHASSEE FLORIDA

DOC	JMEN	TV	#	L0000001548°
-----	------	----	---	--------------

1. Limited Liability Company's Name

Fred Investments, LLC

D.A	1	
70	ð	70

500009312825 14704704--01028--002 **150.00

2. Principal Office Address			3. Malling Office Address		-		man mine	2 44472.00	. 00		
1005 Caballo Drive		1005 Caballo Drive									
Sutte, Apt. #, etc.		Suffe, Apt. #, etc.			4. State/Country of Formation				ł		
			معادق کہاد ہو قائد			Florida				_	
City & State City			City & State	·			5. Date Organized or Qualified —— To Do Buciness in Florida December 13, 2000				ł
Leesb	urg, FL		1	irg, FL			6. FEI Num	ber		Applied For	\dashv
Zip	<u> </u>	Country	Zip	ry, rL	Country		65-106	2168	-	Not Applicab	le
34748		·	34748	ı			7. CERTIFICA	TE OF STATUS DESIRED		1 - 3 -	
				Name and A	ddress of Cu	rrent Register			. 4-1-1-1		
	Name Fr	ed B. Gregg, J					- Agent				
	Street Add	iress (P.O. Box Number is No	l •								
	10	05 Caballo Dri	Ve								
	Suite, Apt.	#, Etc.									
-	City				<u> </u>						
		esburg						State Zip Code FL 34748		_] ·	
9. I, bein	appointed the	registered agent of the above	parned limited	d liability come	arw em famil	iar with and se-	and the all II - at	1 1			-
Signature e	A	t. 11/2 st	/		, an idila	HEI MIET GINT SIX	sebr me opingano	_	•		(9)
Registered	Agent		GISTEREDA	SENT MUST 6	NO.	······································		Date	-032		CR2E041 (9/01
10. Nam	es and Street	Addresses of Managing Memb		JENT MOOT	oldiv						_J°
Titles		Name of		Т	<u> </u>		· · ·			·	
11000	Managing Members/Managers		·	Street Address of Each Managing Member/Manager			City / State / Zip			ı	
MGRM	Mr. Fre	ed Gregg, Jr.		1005 0	aballo	Daivo		F.			1
-			7-2-	1003 0	abailo	Drive	· · · · · ·	Leesburg, FL	34748	<u> </u>	┨╴
								·			
											┨.
				<u> </u>	_		 .				┛
		· 		ļ							l
٠,٠		<u></u>				-~		 			-
				<u> </u>	·		٠.	<u>l.</u>		-	
							·				1
1. I certif filing th all fees as if m	y that I am mar is reinstatemer owed by the II ade under oat!	naging member/manager or the tapplication the reason for distributed liability company have be	ne receiver or t ssolution has b een paid. The	trustee empow een eliminated Informátion Inc	vered to execu i, the limited li licated on this	ite this applicat ability company application is tr	ion as provided name satisf is ue and accura	for in chapter 608, F.S. as the requirements of section te, and my signature shall	I further certifon 606.406, F. have the same	y that when .S., and that e legal effect	-
ignature of		-1 11	14/	Ireg	e /			Daytime Phone # <u>35</u> 2			
yped or pri	nted name of s	igning Managing Member/Ma	inager <u>Fre</u>	ed Grego	Jr.						1