

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

02 MAY 28 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

DOCUMENT # L01000000159

1. Limited Liability Company's Name

SP INVESTMENTS, L.L.C.

REINSTATEMENT

2001-2002

2. Principal Office Address <u>701 N.W. 57TH PLACE</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>701 N.W. 57TH PLACE</u> Suite, Apt. #, etc.	
City & State <u>FT. LAUDERDALE, FL</u>		City & State <u>FT. LAUDERDALE, FL</u>	
Zip <u>33309</u>	Country <u>USA</u>	Zip <u>33309</u>	Country <u>USA</u>

4. State/Country of Formation <u>FLORIDA</u>	
5. Date Organized or Qualified To Do Business in Florida <u>12-29-2000</u>	
6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> 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 <u>THOMAS F. PATTEN</u>	800005695268--4	
Street Address (P.O. Box Number is Not Acceptable) <u>701 N.W. 57TH PLACE</u>	-06/06/02--01088--003	
Suite, Apt. #, Etc.	***200.00 ***200.00	
City <u>FT. LAUDERDALE</u>	State <u>FL</u>	Zip Code <u>33309</u>

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 Thomas F. Patten
REGISTERED AGENT MUST SIGN

Date 3-29-02

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
MGRM	THOMAS F. PATTEN	1630 N. OCEAN BLVD #914	POMPANO BEACH, FL 33062

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 Thomas F. Patten Date 3-29-02 Daytime Phone # (954) 776-4773

Typed or printed name of signing Managing Member/Manager THOMAS F. PATTEN

CR2E041 (8/01)