

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 AUG -8 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900108374919
08/21/07--01026--004 **200.00

CR2E041 (1/07)

DOCUMENT # **LO1000001077**

1. Limited Liability Company's Name

ASIA INVESTMENT GROUP LLC

W07-35009

2. Principal Office Address - No P.O. Box #

18318 Bankston Pl

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33647

Country

USA

3. Mailing Office Address

18318 Bankston Pl

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33647

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

65-1078697

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 **Cleveland McMillan**

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

18318 Bankston Pl

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33647

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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 **7/14/07**

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
Pres.	DOUGLAS JOYNER	18318 Bnkston Pl	Tampa, FL 33647
Treas.	Cleveland McMillan	18315 Bankston Pl	Tampa FL 33647
Invest Mgt.	Gordon Simmons	28428 Tallgrass Dr	Wesley Chapel FL 33543
Sec.	Dr Kevin Sneed	18119 Antietam Ct	Tampa, FL 33647

REINSTATEMENT

04-07

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

7/14/07

Daytime Phone #

813-977-0422

Typed or printed name of signing Managing Member/Manager