

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT -5 PM 3:19

DOCUMENT # L01000001294

1. Limited Liability Company's Name

EIRE INVESTMENTS LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
000160761840
10/05/09--01054--013 **43.75

000160761840
09/17/09--01029--004 **655.00

CR2E041 (10/08)

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

420 LINCOLN RD

Suite, Apt. #, etc.

SUITE 305

City & State

MIAMI BEACH

Zip

33139

Country

U.S.

3. Mailing Office Address

8815 CONROY WINDERMERE

Suite, Apt. #, etc.

SUITE 119

City & State

ORLANDO FL

Zip

32835

Country

U.S.

RE RD.
4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

01/24/2001

6. FEI Number

27-0914705

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

REGINAUD OVINE

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

8815 CONROY WINDERMERE RD

Suite, Apt. #, Etc.

STE 119

City

ORLANDO

State

FL

Zip Code

32835

☒ 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

REGISTERED AGENT MUST SIGN

Date 09/15/09

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
P	MICHAEL PIERCE	420 LINCOLN RD #305	MIAMI BEACH, FL 33139
VP	NICOLLE PIERCE	420 LINCOLN RD #305	MIAMI BEACH, FL 33139

REINSTATEMENT 05-09

DBWICE

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

MICHAEL PIERCE

Date

09/15/09

Daytime Phone #

305-500-2221

Typed or printed name of signing Managing Member/Manager