

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 26 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000001346

1. Limited Liability Company's Name

CONSOLIDATED DIVERSIFIED INVESTMENTS LLC

500025770755
12/26/03--01031--012 **155.00

2. Principal Office Address

5364 ASCOT BEND

3. Mailing Office Address

3550 BISCAYNE BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE. 310

City & State

BOCA RATON, FL

City & State

MIAMI, FL

Zip

33496

Country

Zip

33137

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number 65-1039078

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

MANRIQUE ALONSO

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

3550 BISCAYNE BLVD.

Suite, Apt. #, Etc.

STE. 310

City

MIAMI

State

FL

Zip Code

33137

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 12/18/03

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
MGR	JEFFREY GALPERN	5364 ASCOT BEND	BOCA RATON, FL 33496

REINSTATEMENT

AL

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 12/18/03

Daytime Phone # 561-241-3388

Typed or printed name of signing Managing Member/Manager

JEFFREY GALPERN