

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 JUL 21 AM 11:19

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L01000002639**

**1. Limited Liability Company's Name**  
E & E INVESTMENTS, L.L.C.

**2. Principal Office Address**  
2745 NW 82 AVE

Suite, Apt. #, etc.

**City & State**  
MIAMI, FL

**Zip**  
33122

**Country**

**3. Mailing Office Address**  
2745 NW 82 AVE

Suite, Apt. #, etc.

**City & State**  
MIAMI, FL

**Zip**  
33122

**Country**  
USA

CR2E041 (8/05)

**4. State/Country of Formation**  
FLORIDA

**5. Date Organized or Qualified  
To Do Business in Florida**

**6. FEI Number**  
65-1078844

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**  
EDUARDO ARRASTIA

**Street Address (P.O. Box Number is Not Acceptable)**  
2745 NW 82 AVE

Suite, Apt. #, Etc.

**City**  
MIAMI

**State**  
FL

**Zip Code**  
33122

**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**

7/17/06

**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	EDUARDO ARRASTIA	2745 NW 82 AVE	MIAMI, FL 33122
MGRM	EUCLIDES ALVAREZ	2745 NW 82 AVE	MIAMI, FL 33122

000078270860  
08/02/06--01033--011 \*\*250.00

REINSTATEMENT 04-06

**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**

7/17/06

**Daytime Phone #**

305-216-3441

**Typed or printed name of signing Managing Member/Manager**