

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

AND FILED

02 DEC 23 AM 9:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT  
L01000002743

1. DOCUMENT # L01000002743

Name and Mailing Address

0000502 01 FP 0.352 \*\*PRSRT T2 0 0615 32751-472400  
INVESTING OPPORTUNITIES, LLC  
300 N. MAITLAND AVENUE  
MAITLAND FL 32751-4724

000009646680  
12/23/02--01094--003 \*\*150.00



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 02/20/2001	
Principal Place of Business 300 N. MAITLAND AVENUE MAITLAND FL 32751	3. New Principal Place of Business Address City, State, Zip	6. FEI Number	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$3.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent GARFINKEL, ALAN B ESQ. 300 N. MAITLAND AVENUE MAITLAND FL 32751		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
--	--	---	--

10. 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 11/1/02  
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	GARFINKEL, FRANCINE	300 N. MAITLAND AVENUE	MAITLAND FL 32751

REINSTATEMENT 2002

12. 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 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 11/1/02 Daytime Phone # 407 539-3900  
Francine Garfinkel

CR2E084 (8/02)