PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM, ED

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LIMITED LIABILITY COMPANY REINSTATEMENT		DEPARTMENT OF STATE Secretary of State Ision of Corporations		2004 JUL 14 PM SECRETARY OF ALLAHASSEE, F	STATE	
DOCUMENT # 1. Limited Liability Company's No.	LUNDOUUUI TNVESTMENTS, P. RUSS;	, LLC				
y MARTA	P. RUSSI					
2. Principal Office Address 843 NW 27	'	Office Address NW 27 AUE	4. State/Country of Formation			
Suite, Apt. #, etc.	Suite, Apt. #		5. Date Organized or Q	·		
City & State City & St			To Do Business in Fl	Oo Business in Florida		
MiAmi F		Country	6. FEI Number	6169-	Applied For Not Applicable	
33125 Countr	33/2		CERTIFICATE OF STATU		tional Fee required tificate of Status	
Name  Name  Street Address (P.O. Box Number is Not Acceptable)  11551 SW 106 TEAK						
Suite, Apt. #, Etc.  City  9. 1, b ing appointed the register  Signar Regis		ed liability company, am familiar with an		Zip Code 33 1-74. napter 608, F.S. 4/28/09	CR2E041 (10/02)	
10. Names and Street Address	REGISTERED A	GENT MUST SIGN				
Titlee	Name of ng Members/Managers	Street Address of Ea Managing Member/Ma	ich nager	City / State / Zip		
P. MARTA	P. Russi	843 NW 2	AUE MIA	im; F/ 3:	3/25	
				31875 = 38 <b>5</b>	v250.00	
1	EINSTATE	TENT 0204	SA -			
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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 filling 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  D						