

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 15 AM 9:00

DOCUMENT # L01000007153

1. Limited Liability Company's Name

CMB Investments LLC

2. Principal Office Address

1 Las Olas Circle

Suite, Apt. #, etc.

311

City & State

Ft Lauderdale, FL

Zip

33316

Country

USA

3. Mailing Office Address

1 Las Olas Circle #22

Suite, Apt. #, etc.

311

City & State

Ft Lauderdale FL

Zip

33316

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

65-1100185

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

Daniel Yebuah

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

2418 Lee St

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33020

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/15/03

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
<u>MGRM</u>	<u>Daniel Yebuah</u>	<u>2418 Lee St</u>	<u>Hollywood/FL/33020</u>

REINSTATEMENT 03

[Signature]

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

[Signature]

Date

10/15/03

Daytime Phone #

954 347 0835

Typed or printed name of signing Managing Member/Manager

Daniel Yebuah