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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

UBR

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**


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

FILED

02 AUG -9 AM 9:21

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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-08/14/02--01085--004
*****50.00 *****50.00

DOCUMENT # L01000010067

1. Limited Liability Company's Name

NICA Investments, LLC

2. Principal Office Address

10191 W. Sample Rd

Suite, Apt. #, etc.

Suite 212

City & State

Coral Springs Florida

Zip

33065

Country

USA

3. Mailing Office Address

10191 W. Sample Rd

Suite, Apt. #, etc.

Suite 212

City & State

Coral Springs Florida

Zip

33065

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

NONE

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

Caplan, Lawrence A Esq

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

2200 Corporate Blvd

Suite, Apt. #, Etc.

Suite 314

City

Boca Raton

State
FL

Zip Code

33431

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 8/6/02

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	Camor Investments LLC	873 N.W. 110 th Terr	Plantation, FL 33324
MGRM	Rainbow Group	P.O. Box 933	Road Town Toronto - British Vir

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

8/6/02

Daytime Phone #

954-5750083

Typed or printed name of signing Managing Member/Manager

AMNON EINY

CR2E041 (9/01)