

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000014343

1. Limited Liability Company's Name

Chas. David Investments, LLC

FILED

02 OCT 15 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900008410819

10/16/02--01087--010 **155.00

2. Principal Office Address

1155 Brickell Bay Drive

3. Mailing Office Address

1155 Brickell Bay Drive

Suite, Apt. #, etc.

Suite 410

Suite, Apt. #, etc.

Suite 410

City & State

Miami, FL

City & State

Miami, FL

Zip

33131

Country

Dade

Zip

33131

Country

Dade

4. State/Country of Formation

Florida/USA

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

08/17/2001

6. FEI Number

65-1138164

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

Charles David Watkins

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

1155 Brickell Bay Drive

Suite, Apt. #, Etc.

Suite 410

City

Miami

State

FL

Zip Code

33131

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

Charles D. Watkins

Date

10-10-02

REGISTERED AGENT MUST SIGN

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
MGR	Charles D. Watkins	1155 Brickell Bay Drive, Suite 410	Miami/ Florida/ 33131

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

Charles D. Watkins

Date

10/10/02

Daytime Phone #

786-425-9495

Typed or printed name of signing Managing Member/Manager

Charles D. Watkins

CR2E041 (9/01)