

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -5 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000000346

1. Limited Liability Company's Name

LAPT INVESTMENT LLC

DOCUMENT NUMBER
L02000000346

2. Principal Office Address

1745 WEST 23rd STREET

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

4

Suite, Apt. #, etc.

11

City & State

MIAMI BEACH FL.

City & State

11

Zip

33140

Country

USA

Zip

11

Country

11

4. State/Country of Formation

FLORIDA USA

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

6. FEI Number

010588855



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

LUIGI A. PALMA

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

1745 WEST 23rd STREET

Suite, Apt. #, Etc.

City

MIAMI BEACH FL.

State
FL

Zip Code

33140

700023914837

10/17/03-01090-002-4458.00

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 10/14/03

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
MGR	LUIGI A. PALMA	1745 WEST 23 rd STREET	MIAMI BEACH FL. 33140

REINSTATEMENT

03
Dec

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 10/14/03 Daytime Phone # 305 5343682

Typed or printed name of signing Managing Member/Manager