

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

300.00
9/26/03

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY -1 AM 11:06

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000000888

1. Limited Liability Company's Name

Barok Investments, LLC

2. Principal Office Address

750 S. Dixie Hwy

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

Zip

33432

Country

USA

Zip

Country

CR2E041 (8/05)

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

1/11/2003

6. FEI Number

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

Andrew D. Wyman, Esq.

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

750 South Dixie Highway

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33432

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

Andrew D. Wyman

REGISTERED AGENT MUST SIGN

Date

3/15/2006

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	Andrew D. Wyman, Esq.	750 South Dixie Hwy	BOCA RATON, FL 33432
			000089537560 04/05/06--01034--014 **255.00
			000089537560 05/22/06--01051--009 **45.00
			REINSTATEMENT 03-06

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

Andrew D. Wyman

Date

3/15/2006

Daytime Phone #

561-395-0000

Typed or printed name of signing Managing Member/Manager

Andrew D. Wyman, Esq.