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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L02000013176

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB -4 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000013176

Name and Mailing Address

0007744 01 AT 0.292 **AUTO T9 0 0615 33181-294480

13110 INVESTMENTS, LLC
2180 NE 121 STREET
N. MIAMI FL 33181-2944

2. New Mailing Address

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida
05/29/2002

CR2E044 (7/03)

Principal Place of Business
2180 NE 121 STREET
N. MIAMI FL 33181

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number
04 367 4600

☐ 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

AUGUSTIN, MARGARETTE
2180 NE 121 STREET
N. MIAMI FL 33181

9. Name and Address of New Registered Agent

Name

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

City FL Zip Code

10. 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 M A SIGNATURE REQUIRED Date 10-28-03
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	AUGUSTIN, MARGARET	2180 NE 121 STREET	N. MIAMI FL 33181

600025770586
12/26/03--01031--002 **155.00

600025770586
02/04/04--01052--006 **60.00

REINSTATEMENT 2003-2004

12. 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/Manage SIGNATURE REQUIRED Date 10/28/03 Daytime Phone # 786-277-7492

Typed or printed name of signing Managing Member/Manager A. AUGUSTIN, MARGARETTE