

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 MAY 17 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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05/17/04--01083--004 **200.00

DOCUMENT # **L02000015724**

1. Limited Liability Company's Name

Investcorp LLC

2. Principal Office Address

2228 Lithia Center Lane

Suite, Apt. #, etc.

City & State

Valrico, FL

Zip

33594

Country

USA

3. Mailing Office Address

2228 Lithia Center Lane

Suite, Apt. #, etc.

City & State

Valrico FL

Zip

33594

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

6/2002

6. FEI Number

82-0550403

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

Robert Volini

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

2228 Lithia Center Lane

Suite, Apt. #, Etc.

City

Valrico

State

FL

Zip Code

33594

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 05/10/2004

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	Robert Volini	2228 Lithia Center Lane	Valrico-FL 33594

REINSTATEMENT 0304 OA

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 05/10/2004

Daytime Phone # 813-416-2548

Typed or printed name of signing Managing Member/Manager