

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 NOV -8 AM 10:53

DOCUMENT # LD2000021967

1. Limited Liability Company's Name

INVESTMENTS AND PROPERTY MANAGEMENT LLC

2. Principal Office Address

1290 WESTON RD

3. Mailing Office Address

Suite, Apt. #, etc.

SUITE 201

Suite, Apt. #, etc.

City & State

WESTON FL

City & State

Zip

33326

Country

USA

Zip

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

8/26/2002

6. FEI Number

03-0480179

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

CR2E041 (8/05)

**8. Name and Address of Current Registered Agent**

Name

ALBERTO YEMAIL

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

15160 SW 44 ST

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33027

200061254522

11/08/05--01038--022 \*\*200.00

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

Date 11/02/05

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
MGRM	ALBERTO YEMAIL	15160 SW 44TH ST	MIRAMAR, FL 33027
MGRM	CARLOS J. MANZANO	1282 NW 195TH AVE	PEMBROKE PINES FL 33029

REINSTATEMENT

04-05

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 11/02/05

Daytime Phone # 954-931-2225

Typed or printed name of signing Managing Member/Manager

ALBERTO YEMAIL