

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

L02000028634

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

04 JUN 23 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L02000028634**

1. Limited Liability Company's Name

Finvestments LLC

03

2. Principal Office Address

2922 Cleveland St

Suite, Apt. #, etc.

City & State

Hollywood FL

Zip

33020

Country

U.S

3. Mailing Office Address

2922 Cleveland St.

Suite, Apt. #, etc.

City & State

Hollywood FL

Zip

33020

Country

U.S

4. State/Country of Formation

Florida / United States

5. Date Organized or Qualified
To Do Business in Florida

10-28-2002

6. FEI Number

43-1981668

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

Steven Finley

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

2922 Cleveland St

Suite, Apt. #, Etc.

City

Hollywood FL

State

FL

Zip Code

33020

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

Steven Finley

Date

6-22-04

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
<i>mgr</i>	<i>Steven Finley</i>	<i>2922 Cleveland St</i>	<i>Hollywood FL 33020</i>
<i>Mgr</i>	<i>Regla Hernandez</i>	<i>2922 Cleveland St.</i>	<i>Hollywood FL 33020</i>

REINSTATEMENT 2003-2004

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

Steven Finley

Date

6-22-04

Phone #

754-244-3324

Typed or printed name of signing Managing Member/Manager