PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L02000029565

REINSTATEMENT

DEC 22 PM

DOCUMENT # L02000029565

1. Corporation Name

ALEKA INVESTMENTS, LLC

REINSTATEMENT 2003

700023645557
10/08/03--01040--011 **150.00

2. Principal Office Address	3. Mailing Office Address
6122 Washington st	P.O. BOX 24486
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Ø	Ø
City & State	City & State
Hollywood FL	Hollywood FL
Zip 33023 33083 / Country U.S.A	Zip 33083 / Country U.S.A

4. Date Incorporated or Qualified To Do Business in Florida November 4, 2002

5. FEI Number 57-1138198 — Applied For — Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: ANTHONY F. LEE

Street Address (P.O. Box Number is Not Acceptable): 6122 WASHINGTON ST STE. 3

Suite, Apt. #, Etc.:

City: HOLLYWOOD — State: FL — Zip Code: 33023

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date _____

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
MGR	Lee, Anthony F.	6122 Washington st	Hollywood FL 33023
	REINSTATEMENT		
		2003	

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: _____ 9/30/03 954-668-3337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #