

PLEASE READ ALL INSTRUCTIONS BEFORE FILING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC 13 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

VLAD INVESTMENTS, LLC

04

Bk

2. Principal Office Address

12147 Riverside Drive

3. Mailing Office Address

12147 Riverside Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Valley Village, CA

City & State

Valley Village, CA

Zip

91607

Country

USA

Zip

91607

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

11/25/2002

6. FEI Number

02-0672207

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

Richard P. Greene, ~~RE~~ BUSINESS AND LEGAL SUPPORT, INC.

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

2455 East Sunrise Blvd.

Suite, Apt. #, Etc.

Suite 905

City

Fort Lauderdale

State

FL

Zip Code

33304

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

Richard P. Greene

REGISTERED AGENT MUST SIGN

Date

12-9-04

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	Michael Sellers	12147 Riverside Drive	Valley Village, CA 91607
			000043432400 12/15/04--01051--006 **150.00
			REINSTATEMENT 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

Michael Sellers

Date

12-10-04

Daytime Phone #

818-255-9901

Typed or printed name of signing Managing Member/Manager

Michael Sellers, Managing Member

CR2E041 (10/02)