

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 APR 18 PM 12:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA

800128787008
05/08/08--01006--001 **832.50

CR2E041 (12/07)

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000031859

1. Limited Liability Company's Name

AIM Investments LLC

2. Principal Office Address - No P.O. Box #

20195 NE 16 PLACE

Suite, Apt. #, etc.

3. Mailing Office Address

20195 NE 16 PLACE

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33179

Country

USA

City & State

Miami, FL

Zip

33179

Country

USA

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified
To Do Business in Florida

11/27/02

6. FEI Number

571141155

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

Alex Bassin

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

20195 NE 16 PLACE

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33179

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

Alex Bassin

REGISTERED AGENT MUST SIGN

Date

4/8/08

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
P	Alex Bassin	20195 NE 16 PLACE	Miami, FL 33179
VP	Martin Freidin	20195 NE 16 PLACE	Miami, FL 33179
S	Igor Bassin	20195 NE 16 PLACE	Miami, FL 33179

REINSTATEMENT 03-08

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

Alex Bassin

Date

4/8/08

Daytime Phone # 305-653-8898

Typed or printed name of signing Managing Member/Manager ALEX BASSIN