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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JUL 13 AM 8:21

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000032399

1. Limited Liability Company's Name
4 Profit Investments, L.L.C.

2. Principal Office Address	3. Mailing Office Address
2127 S. Terrace Blvd	2127 S. Terrace Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Longwood, FL	Longwood, FL
Zip 32779 Country USA	Zip 32779 Country USA

4. State/Country of Formation: Florida, USA

5. Date Organized or Qualified To Do Business in Florida: 12-02-2002

6. FEI Number: 56-232 5101 ☐ 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: Tim Hoarson REINSTATEMENT 03-05

Street Address (P.O. Box Number is Not Acceptable): 2127 S. Terrace Blvd

Suite, Apt. #, Etc.:

City: Longwood State: FL Zip Code: 32779

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: Tim Hoarson Date: 7-11-05
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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	Tim Hoarson	2127 S. Terrace Blvd	Longwood, FL 32779
		200057414652 07/13/05--01043--001 **155.00	

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 608.408, 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: Tim Hoarson Date: 7-11-05 Daytime Phone #: 407-832-2663

Typed or printed name of signing Managing Member/Manager: Tim Hoarson

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7-11-05

Division of Corp.
Registration Section.

When the Lawyer filed the initial forms he used an address that is not delivered by the Post Office, therefore I never received a notice of any kind (1st, 2nd, 3rd) as to a yearly fee or the dissolvement of 4 Profit Investments, LLC.

Please Reinstate 4 Profit Investments, LLC.. I have enclosed $150 + $5 dollars for the certificate, thank-you

Tim Hatton