

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


9-26-03
350.00

FILED

2007 APR 30 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L02000033414

1. Limited Liability Company's Name

LELANDA INVESTMENTS, LLC

2. Principal Office Address - No P.O. Box # 3421 NORTH LAKEVIEW DRIVE		3. Mailing Office Address 3421 NORTH LAKEVIEW DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State TAMPA, FL		City & State TAMPA, FL	
Zip 33618	Country US	Zip 33618	Country US


4. State/Country of Formation	Florida
5. Date Organized or Qualified To Do Business in Florida	12/12/2002
6. FEI Number 01-0758583	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name David Wu			
Street Address (P.O. Box Number is Not Acceptable) 3421 N. LAKEVIEW DRIVE			
Suite, Apt. #, Etc.			
City TAMPA	State FL	Zip Code 33618	

☐ 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 
REGISTERED AGENT MUST SIGN

Date **Feb/19/2007** 

10. Names and Street Addresses of Managing Members/Managers

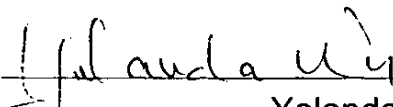
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
GM	Yolanda Wu	1105 Marquina De Avila	TAMPA, FL 33613
MM	Leon Wu	1105 Marquina De Avila	TAMPA, FL 33613

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05/09/07--01006--011 **155.00

REINSTATEMENT 03-07

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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  Date **Feb/19/2007** Daytime Phone # **813-964-8303**
Typed or printed name of signing Managing Member/Manager **Yolanda WU**