

NOV. 27. 2006 5:30PM

L02000033476

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H06000282735 3)))



H060002827353ABCD

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

DIVISION OF CORPORATION

06 NOV 28 AM 8:16

RECEIVED

TROY - CSC #2940

LIMITED LIABILITY REINSTATEMENT

DI-TORR INVESTMENT GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$250.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 NOV 28 AM 9:02

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

NOV. 27. 2006 5:31PM C S C

NO. 281 P. 2

11/27/2006 16:14 9549709981

THE UPS STORE

PAGE 02/02

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
245
5 W
250.00

LIMITED LIABILITY
COMPANY
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000033476
1. Limited Liability Company's Name
DI-TORR INVESTMENT GROUP,
LLC

2. Principal Office Address
7380 W. Atlantic
Subs. Apt. #, etc.
City & State
Margate FL
Zip Country
33063 Broward 33063

3. Mailing Office Address
Same
Subs. Apt. #, etc.
City & State
FL
Zip Country
33063

4. State/Country of Formation
BROWARD / FLORIDA
5. Date Organized or Qualified
To Do Business in Florida 12/12/2002
6. FEI Number
0305-18376
7. CERTIFICATE OF STATUS DESIRES ☒ ☐

8. Name and Address of Current Registered Agent
Name
JOSE A. TORRES
Street Address (P.O. Box Number is Not Acceptable)
941 S.W. 83rd Ave.
Subs. Apt. #, Etc.
City
N. Lauderdale
State
FL
Zip Code
33068

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.
Signature of
Registered Agent Jose A. Torres
REGISTERED AGENT MUST SIGN
Date 11-27-06

10. Name and Street Address of Managing Member/Managers

Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City/State/Zip
MGR	JOSE A. TORRES	941 S.W. 83rd Ave.	N. Lauderdale, 33068

REINSTATEMENT 04.05.06

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been terminated, the limited liability company meets relative to the requirements of section 605.406, 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 Jose A. Torres Date 11-27-06 Daytime Phone 954-917-8587
Typed or printed name of signing Managing Member/Manager JOSE A. TORRES 8587

250-745-6051