

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 21 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000000207

1. Limited Liability Company's Name

Investor Holdings, LLC

MP

2. Principal Office Address

11 N. Summerlin Ave

Suite, Apt. #, etc.

Suite 100

City & State

Orlando, FL

Zip

32801

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FL

**5. Date Organized or Qualified
To Do Business in Florida**

12/30/02

6. FEI Number

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

Barry L. Miller Esq.

900024898489

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

11 N. Summerlin Ave.

Suite, Apt. #, Etc.

Suite 100

City

Orlando

State

FL

Zip Code

32801

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

1/18/03

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 |
|--------|--------------------------------------|---|--------------------|
| Mgr. | Barry L. Miller | 11 N. Summerlin Ave. | Orlando, FL 32801 |
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REINSTATEMENT 2003

MP

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

1/18/03

Daytime Phone #

407-423-1700

Typed or printed name of signing Managing Member/Manager

Barry L. Miller

CR2E041 (10/02)