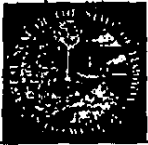


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000002061

1. Limited Liability Company's Name

820 investment Properties LLC.

FILED
2013 NOV 15 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200253889332
11/15/13--01030--001 **1487.50

CR2E041 (1/11)

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

2122 BERGEN AVE
BROOKLYN, N.Y., 11234

3. Mailing Office Address

2122 BERGEN AVE

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified To Do Business in Florida

1/2003

City & State

BROOKLYN

City & State

N.Y.

Zip

11234

Country

USA

Zip

Country

6. FEI Number

07-0805832

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: OLEG YEMVASHEV
Street Address (P.O. Box Number is Not Acceptable): 16425 COLLINS AVE

Suite, Apt. #, etc.

APT # 711

City

Sunny Isle

State

FL

Zip Code

33160

E-mail Address:

IKOMSKY@401.COM

(To be used for future annual report notices)

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

[Signature]

Date

11/7/13

REGISTERED AGENT MUST SIGN

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
<u>MEM</u>	<u>OLEG YEMVASHEV</u>	<u>2122 BERGEN AVE</u> <u>BROOKLYN, N.Y., 11234</u>	<u>11234</u>
<u>PHYSICIAN</u> <u>MEM</u>	<u>1602 KOMSKY</u>	<u>4274 OCEAN AVE, BROOKLYN, N.Y.</u>	<u>11235</u>

REINSTATEMENT

S. HAWKES
DEC 3 - 2013
EXAMINER

S. HAWKES
EXAMINER

2004 / 2013

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager

[Signature]

Date

Daytime Phone #

9174408176

Typed or printed name of signing Managing Member/Manager

OLEG YEMVASHEV