

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2008 DEC -4 AM 11:13

DOCUMENT # L03000009969

1. Limited Liability Company's Name

CHINATOWN INVESTMENT MANAGEMENT LLC

500138441005
12/04/08--01033--013 **832.50

12-5 AD

REINSTATEMENT

04-08

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

5060 W. COLONIAL DR.

3. Mailing Office Address

926 BEACH BREEZE DR.

Suite, Apt. #, etc.

*105

Suite, Apt. #, etc.

City & State

ORLANDO, FL.

City & State

ORLANDO FL

Zip

32808

Country

U.S.A.

Zip

32835

Country

U.S.A.

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

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

PETER LEE

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

926 BEACH BREEZE DR.

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32835

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

[Signature]

Date 12/1/08

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>D.</u>	<u>PETER LEE</u>	<u>926 BEACH BREEZE DR.</u>	<u>ORLANDO, FL 32835</u>

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

[Signature]

Date 12/1/08

Daytime Phone# 407-970-3088

Typed or printed name of signing Managing Member/Manager