2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 19, 2009
Secretary of State

DOCUMENT# L03000011265

Entity Name: BANK INVESTMENTS, LLC

Current Principal Place of Business:

670 KISSIMMEE AVENUE
OCOEE, FL 34761

New Principal Place of Business:

Current Mailing Address:

PO BOX 867
TAVARES, FL 32778

New Mailing Address:

PO BOX 725
OCOEE, FL 34761

FEI Number: 06-1687197 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ENIX & ASSOCIATES, LLC
367 WEST ALFRED STREET
TAVARES, FL 32778 US

Name and Address of New Registered Agent:

JECKOVICH, THOMAS J
670 KISSIMMEE AVENUE
OCOEE, FL 34761 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: THOMAS JECKOVICH 10/19/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: JECKOVICH, THOMAS
Address: 670 KISSIMMEE AVENUE
City-St-Zip: OCOEE, FL 34761 US

Title: MGR ( ) Delete
Name: JECKOVICH, STEPHANIE
Address: 670 KISSIMMEE AVENUE
City-St-Zip: OCOEE, FL 32778

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: JECKOVICH, STEPHANIE
Address: 670 KISSIMMEE AVENUE
City-St-Zip: OCOEE, FL 34761

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: THOMAS JECKOVICH MGR 10/19/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date