

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAY 18 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000012758

1. Limited Liability Company's Name

Old Dominion Investments, LLC

CR2E041 (1/07)

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

2930 NW 17 Terrace

Suite, Apt. #, etc.

3. Mailing Office Address

2930 NW 17 Terrace

Suite, Apt. #, etc.

City & State

Oakland Park, FL

City & State

Oakland Park, FL

Zip

33311

Country

U.S.A.

Zip

33311

Country

U.S.A.

4. State/Country of Formation

Florida / U.S.A.

5. Date Organized or Qualified
To Do Business in Florida

4/10/03

6. FEI Number

03-0516520

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 Bill Mack

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

641 NW 28 Street

Suite, Apt. #, Etc.

City

Wilton Manors

State

FL

Zip Code

33311

☐ 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

Bill Mack

Date 5/2/07

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
Mgmn	Bill Mack	641 NW 28 Street	Wilton Manors, FL 33311
Mgmn	John A. Bullis	4840 SW 111 Terrace	Fort Lauderdale, FL 33329
			00103237427 05/25/07--01008--019 **300.00
			REINSTATEMENT

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

Bill Mack

Date 5/2/07

Daytime Phone # 951 893 5900

Typed or printed name of signing Managing Member/Manager