

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 14 AM 8:25

DOCUMENT # L 03000020760

1. Limited Liability Company's Name

Opportunities for Investment LLC

2. Principal Office Address

1635 E Amelia ST

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32803

Country

USA

3. Mailing Office Address

1635 E Amelia ST

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32803

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

6/2003

6. FEI Number

02-0745625

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

MARK EVANS

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

1635 E Amelia ST

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32803

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

MARK EVANS

Date 12/6/06

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
MGA owner	MARK EVANS	1635 E Amelia ST	Orlando, FL 32803

6000082546296
12/14/06--01022--017 **205.00

REINSTATEMENT 05-06

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

Mark Evans

Date 12/6/06

Daytime Phone # 407-923-2294

Typed or printed name of signing Managing Member/Manager