

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAY 20 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 03000022548

1. Limited Liability Company's Name

DOLPHIN INVESTMENT LLC.

2. Principal Office Address

3405 Robinhood Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

3405 Robinhood Rd.

Suite, Apt. #, etc.

City & State

TAL., FL.

City & State

TAL., FL.

Zip

32302

Country

USA

Zip

32312

Country

U.S.A

4. State/Country of Formation

FL/LEON

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

32-0086453

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

Carlos Macedo

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

3405 Robinhood Rd.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32312

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 5/20/2005

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>ngsm</u>	<u>Zinnah Holmes</u>	<u>3405 Robinhood Rd.</u>	<u>Tal., FL. 32312</u>

REINSTATEMENT

2004-2005

5/20/05

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 5/20/2005 Daytime Phone # 850-

Typed or printed name of signing Managing Member/Manager