

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L03000025015

1. Limited Liability Company's Name

LEMNISCATE INVESTMENTS LLC

2. Principal Office Address

14742 S.W. 148 ST. CIRCLE

3. Mailing Office Address

14742 S.W. 148 ST. CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33196

Country

Zip

33196

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

07/09/2003

6. FEL Number

20-5724581

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

BLACKER, MANUEL AUGUSTO

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

1378 SW 16TH STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33145

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

*manuel Blacker*

Date

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
MGM	BLACKER, MANUEL AUGUSTO	1378 SW 16TH STREET	MIAMI, FL 33145
MGM	BLACKER, GISELLE	1378 SW 16TH STREET	MIAMI, FL 33145
MGM	BLACKER, MANUEL	1378 SW 16TH STREET	MIAMI, FL 33145
MGM	BLACKER, MARTIN	1378 SW 16TH STREET	MIAMI, FL 33145

REINSTATEMENT 2004-2006

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

*manuel Blacker*

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

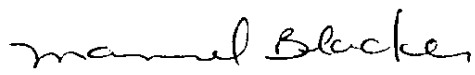
**L03000025015**  
**CKS SUPPLIES, INC.**

**FILED**  
09 OCT 18 PM 12:54  
TALLAHASSEE, FLORIDA

TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

AS PER OUR PHONE CONVERSATION I AM SENDING TO YOU THIS LETTER OF EXPLANATION AND THE UBR FORM ALONG WITH A CHECK TO PROPERLY UPDATE CORPORATION I FURTHER STATE THAT I DID NOT RECEIVE THE NOTICE FOR 2004 UBR FIRST NOR SECOND NOTICE. I WOULD LIKE TO RESOLVE THIS ISSUE, PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

CORDIALLY,

  
MANUEL AUGUSTO BLACKER  
MGR

