PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 SEP 26 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT # L03000028256

1. Limited Liability Company's Name: MNV Investment, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
19403 SW 68 St	15751 Sheridan St
Suite, Apt. #, etc.	Suite, Apt. #, etc. # 214
City & State: Ft. Lauderdale	City & State: Ft. Lauderdale
Zip: 33332 County: Broward	Zip: 33331 Country: Broward

4. State/Country of Formation: FL / USA
5. Date Organized or Qualified To Do Business in Florida: 8/1/2003
6. FEI Number: 27-0070835 (Applied For / Not Applicable)
7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: Samuel Thaler / Appld financial
Street Address (P.O. Box Number is Not Acceptable): 2300 W Sample Rd
Suite, Apt. #, Etc.: # 308
City: Pompano Beach State: FL Zip Code: 33073

☑ 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 acquainted 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] REGISTERED AGENT SIGNATURE Date: 9/20/07

10. Name and Street Address of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
	Milted Villamar	19403 SW 68 St	Pines FL 33332
	REINSTATEMENT		
	2005-2007 DB		

CONSIDERATION
09/24/07--01070--004 **150.00

11. I certify that I am a 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 608.508, 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: 9/20/07 Daytime Phone #: 305 336 2679

Typed or printed name of signing Managing Member/Manager: _____