


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																																	
DOCUMENT # <u>LO3000037072</u>																																			
1. Limited Liability Company's Name <u>LM Investment Group, LLC</u>																																			
2. Principal Office Address - No P.O. Box # <u>2720 NE 15th St</u> Suite, Apt. #, etc. <u>APT 201</u> City & State <u>FORT LAUDERDALE, FL</u> Zip Country <u>33304</u> <u>USA</u>		3. Mailing Office Address <u>2720 NE 15th St</u> Suite, Apt. #, etc. <u>APT 201</u> City & State <u>FORT LAUDERDALE, FL</u> Zip Country <u>33304</u> <u>USA</u>																																	
8. Name and Address of Current Registered Agent Name <u>PETER FLOTZ</u> Street Address (P.O. Box Number is Not Acceptable) Suite, <u>2720 NE 15th St</u> Apt. #, Etc. <u>APT 201</u> City State Zip Code <u>FORT LAUDERDALE</u> <u>FL</u> <u>33304</u>		CR2E041 (1/14) 4. State/Country of Formation <u>FL</u> 5. Date Organized or Qualified To Do Business in Florida <u>9/29/2003</u> 6. FEI Number <u>71-0962483</u> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a certificate of status <div style="text-align: right;"> 400285607594 05/09/16--01045--028 **685.00 </div>																																	
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. Signature of Registered Agent <u>[Signature]</u> Date <u>5/5/16</u> REGISTERED AGENT MUST SIGN																																			
10. Names and Street Addresses of Authorized Representatives/Managers <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Titles</th> <th style="width: 30%;">Name of Authorized Representatives/Managers</th> <th style="width: 30%;">Street Address of Each Authorized Representative/Manager</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>AMER</td> <td>Peter Flotz</td> <td>2720 NE 15th St, #201</td> <td>FT LAUDERDALE, FL 33304</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip	AMER	Peter Flotz	2720 NE 15th St, #201	FT LAUDERDALE, FL 33304																								
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AMER	Peter Flotz	2720 NE 15th St, #201	FT LAUDERDALE, FL 33304																																
11. E-mail Address: <u>peterflotz@gmail.com</u> <small>(To be used for future annual report notifications)</small>																																			
12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S. Signature of authorized representative/member <u>[Signature]</u> Date <u>5/5/16</u> Daytime Phone # <u>321-302-2930</u> Typed or printed name of signing authorized representative/member <u>PETER FLOTZ</u>																																			

FILED
 MAY 10 2016
 S. YOUNG
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 TALLAHASSEE, FL
 SECRETARY OF STATE