L03000045567

FILED
2006 MAY 30 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000045567

BK

700075468757

CR2E041 (8/05)

1. Limited Liability Company's Name

04

Tyrone Investments LLC

2. Principal Office Address	3. Mailing Office Address
1825 Main St	1825 Main St
Suite, Apt. #, etc. Suite 105	Suite, Apt. #, etc. Suite 105
City & State Weston FL	City & State Weston FL
Zip 33326 Country US	Zip 33326 Country US

4. State/Country of Formation FL

5. Date Organized or Qualified To Do Business in Florida 11/18/03

6. FEI Number 27-0083560 ☐ 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: Mura, Vald Biondo & Moreno, P.A.

Street Address (P.O. Box Number is Not Acceptable): 25 SE 2nd AVE

Suite, Apt. #, Etc.: Suite 900

City: Miami State: FL Zip Code: 33131

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: Agustin Moreno Date: 5/23/06

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
MGR	Scott Ross	1825 Main ST, Weston, FL	Weston, FL 33326
MGR	Ed Ross	100 Roy RD West, Garden City	Garden City NY 11516
		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: [signature] Date: 5/10/06 Daytime Phone # 954-732-9204

Typed or printed name of signing Managing Member/Manager: Scott Ross

CSC.
CORPORATION SERVICE COMPANY

L03000045567

ACCOUNT NO. : 072100000032

REFERENCE : 140500 7536486

AUTHORIZATION :

COST LIMIT : $ 250.00

ORDER DATE : May 30, 2006

ORDER TIME : 11:17 AM

ORDER NO. : 140500-005

CUSTOMER NO: 7536486

DOMESTIC FILINGS

RECEIVED
06 MAY 30 PM 12:47
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NAME: TYRONE INVESTMENTS LLC

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds - Ext# 2933

EXAMINER'S INITIALS _____

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