

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 MAR 31 AM 10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400173047894  
03/25/10--01002--023 \*\*377.50

CR2E041 (11/09)

DOCUMENT # L04000009444

1. Limited Liability Company's Name

L & H Real Estate Investments LLC

2. Principal Office Address - No P.O. Box #

3389 Sheridan ST

Suite, Apt. #, etc.

City & State

Miami

Zip

33166

Country

3. Mailing Office Address

3389 Sheridan ST

Suite, Apt. #, etc.

#545

City & State

Hollywood

Zip

33021

Country

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

200684967

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

Howard Tuchinsky

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

3389 Sheridan St

Suite, Apt. #, Etc.

#545

City

Hollywood

State

FL

Zip Code

33021

☐ 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.

400173047894  
03/31/10--01006--029 \*\*180.00

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

REGISTERED AGENT MUST SIGN

Date

3/22/10

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| MNGR   | Howard Tuchinsky                     | 3389 Sheridan ST # 545                            | Hollywood FL 33021 |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

REINSTATEMENT

2008 - 2010

11. E-mail Address:

(To be used for future annual report notifications)

12. 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

Date

3/22/10

Daytime Phone #

305 594 4105

Typed or printed name of signing Managing Member/Manager

N. O. MAK 31 2010