

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000014393

1. Limited Liability Company's Name

FORTUNE INVESTMENTS, LLC

FILED

2009 AUG 14 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

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

207 East Ross Avenue

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33602

Country

U.S.A.

3. Mailing Office Address

207 East Ross Avenue

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33602

Country

U.S.A.

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

2/23/2004

6. FEI Number

200764584

☐ 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

Andrea Ramirez

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

207 East Ross Avenue

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33602

☐ 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 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

al Ramirez

REGISTERED AGENT MUST SIGN

Date

7/9/09

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
MGRM	Robyn Cheung	2412 Lombard Street	Philadelphia, Pennsylvania, 19146

07/28/09--01026--001 **680.00
000158975178
07/28/09--01026--001 **680.00

REINSTATEMENT 06-09

CK 8-11-09

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

Robyn Cheung

Date

June 26, 2009

Daytime Phone #

215 8809212

Typed or printed name of signing Managing Member/Manager Robyn Cheung