

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 JAN 30 AM 9:11

DOCUMENT # LO4000014921  
1. Limited Liability Company's Name  
FAY'S INVESTMENTS, LLC

300087212029  
02/05/07--01004--030 \*\*150.00  
CR2ED41 (1/07)

|  |  |   |  |
|--|--|---|--|
| 2. Principal Office Address - No P.O. Box #<br><u>19655 E. Country Club Dr.</u><br>Suite, Apt. #, etc.<br><u>#3202</u><br>City & State<br><u>Aventura FL</u><br>Zip<br><u>33180</u> Country<br><u>US</u> |  | 3. Mailing Office Address<br>_____<br>Suite, Apt. #, etc.<br>_____<br>City & State<br>_____<br>Zip<br>_____<br>Country<br>_____ |  |
|--|--|---|--|

|   |  |
|---|--|
| 4. State/Country of Formation                             |  |
| 5. Date Organized or Qualified To Do Business in Florida  |  |
| 6. FEI Number   | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> | \$5.00 Additional Fee required for a Certificate of Status                                 |

8. Name and Address of Current Registered Agent

Name  
RIVKA SHAPIRO

Street Address (P.O. Box Number is Not Acceptable)  
19655 E. Country Club Dr

Suite, Apt. #, Etc.  
3202

City  
Aventura State  
FL Zip Code  
33180

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 [Signature] Date 1-18-07

REGISTERED AGENT MUST SIGN

| Titles | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|--------|-----------------------------------|--|--------------------|
| MGRM   | YASHIS INVESTMENTS, LLC           | 19655 E. Country Club Dr. #3202                | Aventura FL 33180  |
|        |                                   |  |                    |
|        |                                   |  |                    |
|        |                                   |  |                    |
|        |                                   |  |                    |
|        |                                   |  |                    |

REINSTATEMENT 05-07

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 Yashis Investments LLC Date 1-18-07 Daytime Phone # \_\_\_\_\_

Typed or printed name of signing Managing Member/Manager \_\_\_\_\_