

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2010 FEB -9 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400167985364
02/04/10--01005--011 **416.25
CR2E041 (11/09)

DOCUMENT #

1. Limited Liability Company's Name

W4000014921

Faye's Investments LLC

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

19655 East country club DR

Suite, Apt. #, etc.

6-102

City & State

Aventura FL

Zip

33180

Country

U.S.A

3. Mailing Office Address

19655 East country club DR

Suite, Apt. #, etc.

602

City & State

Aventura FL

Zip

33180

Country

U.S.A

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

2/24/2004

6. FEI Number

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

RIVKA SHAPIRO

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

19877 E country club DR

Suite, Apt. #, Etc.

3-602

City

Aventura

State

FL

Zip Code

33180

416.25
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

RIVKA SHAPIRO
REGISTERED AGENT MUST SIGN

Date 2-1-2010

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
Managing	RIVKA SHAPIRO	19877 E country club DR	Aventura Florida 33180
REINSTATEMENT 02-10			
			<u>02-10-10</u>

11. E-mail Address: RIVKA@yashi.ORG
(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 RIVKA SHAPIRO

Date 2-1-2010 Daytime Phone # 786-7046364

Typed or printed name of signing Managing Member/Manager