PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 DEC 30 AM 10:09

DOCUMENT # L04000024870

1. Limited Liability Company's Name
RMM Investments, LLC

CR2E041 (8/05)

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| PO Box 880265 | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Boca Raton FL | City & State |
| Zip: 33433 Country: USA | Zip Country |

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida:

6. FEI Number: 75-3163936 ☐ 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: Peter Weintraub

900065012598
05/01/06--01063--003 **50.00

Street Address (P.O. Box Number is Not Acceptable): 2650 North Military Trail

Suite, Apt. #, Etc.: Suite 150

City: Boca Raton State: FL Zip Code: 33431

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 _____ Date 1-9-2006

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 |
|---|---|---|---|
| MGMR | David Ijac | PO Box 880265 | Boca Raton FL 33433 |
| MGMR | Jodi Ijac | PO Box 880265 | Boca Raton FL 33433 |
| | | | |
| | | | |
| | | REINSTATEMENT | 2005 |
| | | | |

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 _____ Date 1/9/06 Daytime Phone # 561-706-1793

Typed or printed name of signing Managing Member/Manager _____