

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 FEB 23 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000031068

1. Limited Liability Company's Name

Camejo Investments, LLC

CR2E041 (8/05)

2. Principal Office Address

1003 SE 1st Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

1003 SE 1st Avenue

Suite, Apt. #, etc.

City & State

Hallandale, Florida

Zip

33009

Country

USA

City & State

Hallandale, Florida

Zip

33009

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

4/23/2004

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

Manuel Camejo

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

1003 SE 1st Avenue

Suite, Apt. #, Etc.

City

Hallandale

State

FL

Zip Code

33009

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

12/18/06

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
<u>MEM</u>	<u>Manuel Camejo</u>	<u>1003 SE 1st Avenue</u>	<u>Hallandale, FL 33009</u>
			<u>800090085278</u> <u>03/02/07--01048--019 **100.00</u>
			<u>12/28/06 01056 004 \$150.00</u>
			<u>REINSTATEMENT 05-07</u>

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

[Signature]

Date

12/18/06

Daytime Phone #

305-975-3369

Typed or printed name of signing Managing Member/Manager

Manuel Camejo