

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 FEB -8 AM 10:29

DOCUMENT # L04000032372 1. Entity Name PINE & PALM INVESTMENTS, LLC					
Principal Place of Business 15539 MIAMI LAKEWAY NORTH #202 MIAMI LAKES, FL 33014 US			Mailing Address 15539 MIAMI LAKEWAY NORTH #202 MIAMI LAKES, FL 33014 US		
2. Principal Place of Business - No P.O. Box # 15555 Miami Lakeway N.		3. Mailing Address 15555 Miami Lakeway N.			
Suite, Apt. #, etc. # 302		Suite, Apt. #, etc. # 302			
City & State Miami Lakes, FL		City & State Miami Lakes, FL			
Zip 33014		Country USA		02062007 REIN-LLC CR2E101 (1/07)	
4. FEI Number APPLIED FOR				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ELIAS, L. ROBERT ESQ. 15500 NEW BARN ROAD SUITE 104 MIAMI LAKES, FL 33014			7. Name and Address of New Registered Agent Name Jane Mann Street Address (P.O. Box Number is Not Acceptable) 15555 Miami Lakeway N. # 302 City Miami Lakes FL Zip Code 33014		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 2/6/7 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
FILE NOW!!! FEE IS \$200.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MANN, JANE 15539 MIAMI LAKEWAY NORTH, #202 MIAMI LAKES, FL 33014	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MANN, JANE 15555 Miami Lakeway N. # 302 Miami Lakes, FL 33014	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 2/6/7 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					