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 NOV -9 AM 11:57

CR2E041 (1/07)

DOCUMENT # L04000036312

1. Limited Liability Company's Name

TWILKS INVESTMENT GROUP, LLC

W07-50187

10/08/07 01014 022 $100

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
300 SOUTH POINTE DRIVE	300 SOUTH POINTE DRIVE
Suite, Apt. #, etc. UNIT 706	Suite, Apt. #, etc. UNIT 706
City & State MIAMI BEACH	City & State MIAMI BEACH
Zip 33139 Country USA	Zip 33139 Country USA

4. State/Country of Formation

5. Date Organized or Qualified To Do Business In Florida

6. FEI Number 74-3146327 ☐ 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: WILKINS, TERRENCE

Street Address (P.O. Box Number is Not Acceptable): 300 SOUTH POINTE DRIVE

Suite, Apt. #, Etc.: UNIT 706

City: MIAMI BEACH State: FL Zip Code: 33139

☒ 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 _____ Date 10/31/2007

REGISTERED AGENT MUST

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
MGRM	WILKINS, TERRENCE	300 SOUTH POINTE DRIVE UNIT 706	MIAMI BEACH, FL 33139

REINSTATEMENT
w/o penalty 2006-2007
Ret

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 10/31/2007 Daytime Phone # 305-924-4767

Typed or printed name of signing Member/Manager WILKINS, TERRENCE