

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
06 NOV 29 AM 10:24

DOCUMENT # L 04000056324

1. Limited Liability Company's Name

PALM HARBOR INVESTMENTS, LLC.

2. Principal Office Address

18552 NW 19th ST.

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

Zip

33029

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E041 (8/05)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

07/29/04

6. FEI Number

20-5930091

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

ALVARADO, JORGE I.

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

18552 NW 19 STREET

Suite, Apt. #, Etc.

City

PEMBROKE PINES,

State

FL

Zip Code

33029

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

REGISTERED AGENT MUST SIGN

Date 11-24-06

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
MEM	ALVARADO, JORGE I.	18552 NW 19 th STREET	PEMBROKE PINES, FL 33029

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

Managing Member/Manager

Date 11-24-06

Daytime Phone # 786-246-0197

Typed or printed name of signing Managing Member/Manager