

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000061054

Entity Name: OLNE INVESTMENTS, LLC

FILED  
Feb 25, 2009  
Secretary of State

**Current Principal Place of Business:**

2500-1 N STATE ROAD 7  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

**Current Mailing Address:**

2500-1 N STATE ROAD 7  
HOLLYWOOD, FL 33021

**New Mailing Address:**

FEI Number: 20-2006608      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SORSHER, ALEX  
2500-1 N STATE ROAD 7  
HOLLYWOOD, FL 33021      US

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.

SIGNATURE: ALEX SORSHER

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: BOURLATSKI, OLEG  
Address: 394 DREWRY AVENUE  
City-St-Zip: TORONTO ONTARIO CANADA, M2R2K4

Title: MGR      ( ) Delete  
Name: BOURLATSKI, NELIA  
Address: 394 DREWRY AVENUE  
City-St-Zip: TORONTO ONTARIO CANADA, M2R2K4

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: OLEG BOURLATSKI

MGR

02/25/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date