

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 SEP -4 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000062074

1. Limited Liability Company's Name

L.I.S. Investments Liability Company

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #

111 Point Circle

Suite, Apt. #, etc.

City & State

Tequesta, Fl

Zip
33469

Country
USA

3. Mailing Office Address

111 Point Circle

Suite, Apt. #, etc.

City & State

Tequesta, Fl

Zip
33469

Country
USA

4. State/Country of Formation

FL USA

5. Date Organized or Qualified
To Do Business in Florida

Aug. 20, 2004

6. FEI Number
none

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
Lloyd Starr

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

Suite, Apt. #, Etc.
none

City
Tequesta

State
FL

Zip Code
33469

☒ 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

[Signature] **Manager**

Date

7/15/07

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
Mngr	Lloyd Starr	31935 W. 14 Mile Rd.	Farmington Hills, Mi. 48334
none	none	none	none
Mngr	Robin Starr	111 Point Circle	Tequesta, Fl 33469

REINSTATEMENT

2005-2007

DB

600109006316
09/04/07--01047--005 **155.00

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

7/15/07

Daytime Phone #

561-346-2402

Typed or printed name of signing Managing Member/Manager

Lloyd Starr