

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 MAR 19 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (8/05)

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000068775

1. Limited Liability Company's Name

THREE LG'S INVESTMENTS, LLC

2. Principal Office Address

16500 COLLINS AVENUE

Suite, Apt. #, etc.

#208

City & State

SUNNY ISLES, FL

Zip

33160

Country

USA

3. Mailing Office Address

1 S.E. 3rd Ave

Suite, Apt. #, etc.

#2950

City & State

Miami, FL

Zip

33131

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

9-21-04

6. FEI Number

20-1647828

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

NICHOLAS M. DANIELS, ESQ.

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

ONE S.E. 3RD AVENUE

Suite, Apt. #, Etc.

2950

City

MIAMI

State

FL

Zip Code

33131

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]

Date

8/23/06

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
MM	AUGUSTO GIANGRANDI	16500 Collins Ave., #208	Sunny Isles, FL 33160
			000094467820 03/22/07--01012--015 **50.00
			REINSTATEMENT 05-07

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

8-22-06

Daytime Phone #

305-371-5758

Typed or printed name of signing Managing Member/Manager

Augusto Giangrandi