PLEASE READ ALL INSTRUCTIONS SEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPAI Secreta DIVISION OF	ary of S	itate		EP -5 AM IO: 09 CRETARY OF STATE AHASSEE, FLORIDA	
DOCUMENT # LOH COO 72220 1. Limited Liability Company's Name				1/ALL	,	
IN YOUR FACE INVESTMENTS, LLC						
WO7-33839				09/11/	#0109295067 407—06€£644(467) **250.00	
2. Principal Office Address - No P.O. Box #	3. Mailing Office Addr	Office Address				
205 15 TH CIRCLE	205 15TA	<u> </u>		4. State/Cour	try of Formation	
Suite, Apt. #, etc. Suite, Apt. #,		etc.		fresh		
					nized or Qualified iness in Florida	
City & State KEY (CLONY City & State		KEY COLONY			101514084	
BEACH, Fe BEACH		1. Fi = 15. 1		6. FEI Numbe	Applied For Not Applicable	
2ip Country	Zip 3305 1	·			7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent						
Name			A \$100 reinstatement fee is imposed, except			
KICHARD HIKEY					in circumstances which the entity did not	
Street Address (P.O. Box Number is Not Acceptable) 205 1574 CIRCLE				receive the prior notices. By checking this		
Suite, Apt. #, Etc.				box, you are certifying the prior notices were not received and requesting the \$100		
			reinstatement be waived.			
KEY COLAHY BOKK		State FL	Zip Code 3305 /			
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		
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	
menaging membera managera		girg Homour Hanlagai			KEY COKUNY	
MERM R. RKMARD NAZY		205 ISTH CIRCLE			BEACH , FL 33051	
MORM GREGORY NICHOLS		7151 DEFRLAKELT.		T	CUMKSTON MI 48346	
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RF 100.	RF 100.			IAIL	MENI'	
				000	5-2007	
11. Licertify 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 7/11/07 Daytime Phone # 248:240:585)						
Typed or printed name of signing Managing Member/Manager CNECONY NUMBER						