

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

07 JAN 22 AM 9:24

CR2E041 (8/05)

DOCUMENT # L04000083236

1. Limited Liability Company's Name

LSP Investment Group, LLC.

2. Principal Office Address

13170 SW 128 St.

Suite, Apt. #, etc.

202.

City & State

Miami FL.

Zip

33186

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

26-0100103

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

Marco Argenal

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

13170 SW 128 St.

Suite, Apt. #, Etc.

202.

City

Miami

State

FL

Zip Code

33186

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

Marco Argenal

REGISTERED AGENT MUST SIGN

Date 1/10/07

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 |
|--------|--------------------------------------|---|--------------------|
| P. | Marco Argenal | 13170 SW 128 St #202 | Miami FL 33186 |
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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

Marco Argenal

Date 1/10/07

Daytime Phone # 205 251212

Typed or printed name of signing Managing Member/Manager