PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2012 SEP 18 AM 11:12

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000086263

1. Limited Liability Company's Name

SLOAN E INVESTMENTS LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1061 E Indiantown Rd		1061 E Indiantown Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 400		Suite 400	
City & State		City & State	
Jupiter FL		Jupiter FL	
Zip	Country	Zip	Country
33477	USA	33477	USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 11/30/2004

6. FEI Number: 201957411 ☐ 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: Robert C Hackney, Esq

Street Address (P.O. Box Number is Not Acceptable): Hackney Law PA

Suite, Apt. #, Etc.: 1061 E Indiantown Rd Ste 400

City	State	Zip Code
Jupiter	FL	33477

E-mail Address:
000239540010
09/12/12--01031--009 **377.00

bobhackney@gmail.com
(To be used for future annual report notices)

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 _____ Date 9/11/12
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
MGRM	Norman Ridge	1061 E Indiantown Rd #400	Jupiter FL 33477
MGRM	Meir Nutman	1061 E Indiantown Rd #400	Jupiter FL 33477
	REINSTATEMENT-2011 + 2012		

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager _____ Date 9/11/12 Daytime Phone # 561-776-8600

Typed or printed name of signing Managing Member/Manager: Norman Ridge

CL