

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

06 NOV 14 AM 9:31

DOCUMENT # LO4000089007

1. Limited Liability Company's Name

RAYCOP INVESTMENTS LLC

CR2E041 (8/05)

2. Principal Office Address

3590 SW 142ND

Suite, Apt. #, etc.

City & State

MIRAMAR, FL

Zip

33021

Country

USA

3. Mailing Office Address

3590 SW 142ND

Suite, Apt. #, etc.

City & State

MIRAMAR, FL

Zip

33021

Country

USA

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified
To Do Business in Florida

12-9-04

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

GARY RAYMOND

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

3590 SW 142ND AVE

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33021

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 11-13-06

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
MGR	ELIZABETH KAPUNAN	3590 SW 142 AVE	MIRAMAR, FL 33021

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

Date 11-13-06

Daytime Phone #

954-369-6351

Typed or printed name of signing Managing Member/Manager

ELIZABETH KAPUNAN

954-369-6338