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 CORPORATION
08 APR -1 PM 3:26

DOCUMENT # L04 0000 90504

1. Limited Liability Company's Name
3 INVESTORS, LLC
% ARAZOZA & COMPANY, P.A.

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #	**3.** Mailing Office Address
2100 SALZEDO ST	2100 SALZEDO ST.
Suite, Apt. #, etc.: 300	Suite, Apt. #, etc.: 300
City & State: CORAL GABLES, FL.	City & State: CORAL GABLES, FL
Zip: 33134 Country: USA	Zip: 33134 Country: USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 12-14-2004

6. FEI Number: 20-2151817 ☐ 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: JULIAN LINARES

Street Address (P.O. Box Number is Not Acceptable): 1717 N. BAYSHORE DRIVE

Suite, Apt. #, Etc.: 3050

City: MIAMI State: FL Zip Code: 33132

☒ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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 4/1/2008

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	SACHA ENTERPRISES, INC.	1717 N. BAYSHORE DRIVE 3050	MIAMI, FL. 33132
			100121343601 03/26/08--01033--006 **416.25 ✓

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 4/1/2008 Daytime Phone # 3059707332

Typed or printed name of signing Managing Member/Manager JULIAN LINARES