

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 JUN -9 AM 11:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L04000090538

1. Limited Liability Company's Name

DONALD LEE INVESTMENT, LLC

2. Principal Office Address - No P.O. Box #

270 Tropic DR.,  
Suite, Apt. #, etc.

3. Mailing Office Address

270 Tropic DR.,  
Suite, Apt. #, etc.

City & State

LAUDERDALE BY THE SEA FL.

City & State

LAUDERDALE BY THE SEA, FL.

Zip

33308

Country

U.S.A.

Zip

33308

Country

U.S.A.

4. State/Country of Formation

FLORIDA U.S.A.

5. Date Organized or Qualified To Do Business in Florida

12/09/2004

6. FEI Number

202074715

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

DONALD LEE

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

270 Tropic DR.,

Suite, Apt. #, Etc.

City

LAUDERDALE BY THE SEA

State

FL

Zip Code

33308

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.

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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

[Signature]

REGISTERED AGENT MUST SIGN

Date

6/6/08

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	<u>DEISY SANCHEZ</u>	<u>270 Tropic DR.,</u>	<u>LAUDERDALE BY THE SEA FL. 33308</u>
MGRM	<u>LISE BEBETIE LEE</u>	<u>270 Tropic DR.,</u>	<u>LAUDERDALE BY THE SEA FL. 33308</u>
MGRM	<u>DONALD LEE</u>	<u>270 Tropic DR.,</u>	<u>LAUDERDALE BY THE SEA FL. 33308</u>
<b>REINSTATEMENT</b>			<u>06-09</u>

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

[Signature]

Date

6/6/08

Daytime Phone #

954-494 0302

Typed or printed name of signing Managing Member/Manager