

LD5000003715

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 OCT -6 PM 2:05

DOCUMENT # L05000003715

1. Limited Liability Company's Name

ALA INVESTMENTS, LLC

CR2E041 (05/10)

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

1111 Kane Concourse

Suite, Apt. #, etc.

600

City & State

Bay Harbor Islands, FL

Zip

33154

Country

USA

3. Mailing Office Address

1111 Kane Concourse

Suite, Apt. #, etc.

600

City & State

Bay Harbor Islands, FL

Zip

33154

Country

USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified

To Do Business in Florida 01/12/2005

6. FEI Number

202148263

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 **THE FLORIDA REAL ESTATE FIRM, P.A.**

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

1111 KANE CONCOURSE

Suite, Apt. #, Etc.

600

City

Bay Harbor Islands

State

FL

Zip Code

33154

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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

REGISTERED AGENT MUST SIGN

Date **OCTOBER 6, 2010**

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	ANTHONY D. SOKOL	1111 Kane Concourse	Bay Harbor Islands, FL 33154
MGR	Sunny Inv. Grp., LLC	1006 JEFFERSON STREET	HOLLYWOOD, FL 33019

REINSTATEMENT 0008-2010

B. Indeck OCT 13 2010

11. E-mail Address: asokol@floridarealestatefirm.com

(To be used for future annual report notifications)

12. 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 **10/06/2010**

Daytime Phone # **305-864-4442**

Typed or printed name of signing Managing Member/Manager **ANTHONY D. SOKOL**