2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
07 OCT 17 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000026573

1. Entity Name
V V C INVESTMENTS LLC

10052007 REIN-LLC CR2E101 (1/07)

Principal Place of Business	Mailing Address
15661 SW 8 LANE MIAMI, FL 33194	15661 SW 8 LANE MIAMI, FL 33194

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
8201 NW 66 ST	8201 NW 66 ST
Suite, Apt. #, etc # 10	Suite, Apt. #, etc 10
City & State MIAMI FL	City & State MIAMI FL
Zip / Country 33166	Zip / Country 33166

4. FEI Number
20-2533350
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CALDERON, JOHAN A 15124 SW 20 STREET MIAMI, FL 33185	Name: JOHAN A CALDERON Street Address (P.O. Box Number is Not Acceptable) 15661 SW 8 Lane City: MIAMI FL Zip Code: 33194

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 10/5/07
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
After January 1, 2008, Fee will be $100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CALDERON, JOHAN A 15661 SW 8 LANE MIAMI, FL 33194	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800110501388 10/10/07--01043--007 **50.00
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

REINSTATEMENT 2007

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOHAN CALDERON 10/5/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #