

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2009 MAY -6 AM 11:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 1.05000033794**

1. Limited Liability Company's Name

**LN INVESTMENTS 2 LLC**

CR2E041 (10/08)

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

**1275-99 N.W 60th STREET**

Suite, Apt. #, etc.

City & State

**MIAMI, FL**

Zip

**33142**

Country

**USA**

3. Mailing Office Address

**55 WEST 47th STREET**

Suite, Apt. #, etc.

**SUITE 540**

City & State

**NEW YORK, NY**

Zip

**10036**

Country

**USA**

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

**04/07/2005**

6. FBI Number

**20-2631342**

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

☒ 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.

8. Name and Address of Current Registered Agent

Name

**LEV SARIKOV**

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

**427 POINCIANA ISLAND DRIVE**

Suite, Apt. #, Etc.

**427**

City

**SUNNY ISLES BEACH**

State

**FL**

Zip Code

**33160**

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

*LEV SARIKOV*

REGISTERED AGENT MUST SIGN

Date **4/15/2009**

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
owner	LEV SARIKOV <i>MDRM</i>	427 POINCIANA ISLAND DRIVE	SUNNY ISLES BEACH, FL 33160
owner	NISSIM SARIKOV <i>MDRM</i>	55 WEST 47th STREET SUITE 540	NEW YORK, NY 10036
			05/05/09--01039--005 **138.75
			500155461745
			05/05/09--01039--005 **138.75
			300151450113
			04/21/09--01010--034 **138.75

**REINSTATEMENT**

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 608.408, 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

*LEV SARIKOV*

Date **4/15/2009**

Daytime Phone # **917-701-0135**

Typed or printed name of signing Managing Member/Manager **LEV SARIKOV**

*Paid 4/15/09  
4/16/09*

*C.L.*