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 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

DOCUMENT # L05000033795

1. Limited Liability Company's Name

LN INVESTMENTS 1 LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1281 N.W 61st STREET		55 WEST 47th STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 540	
City & State MIAMI,FL		City & State NEW YORK,NY	
Zip 33142	Country USA	Zip 10036	Country USA

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida 04/07/2005

6. FEI Number 20-2631287 ☑ 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: 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

☑ 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: Lev Sarikov — Date: 4/15/2009

REGISTERED AGENT MUST SIGN

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 MGRM	427 POINCIANA ISLAND DRIVE	SUNNY ISLES BEACH,FL 33160
owner	NISSIM SARIKOV MGRM	55 WEST 47th STREET SUITE 540	NEW YORK,NY 10036
	REINSTATEMENT-08+09	400155461834 05/05/09--01039--006 **138.75	
		600151450006 04/21/09--01010--033 **138.75	

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: Lev Sarikov — Date: 4/15/2009 — Daytime Phone #: 917-701-0135

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

CL

Paid 4/15/09