

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000037298

1. Limited Liability Company's Name

CW Investments, LLC

2. Principal Office Address - No P.O. Box #
17800 N.W. 19th Avenue

Suite, Apt. #, etc.

City & State
Miami, Florida

Zip Country
33056 USA

3. Mailing Office Address
17800 N.W. 19th Avenue

Suite, Apt. #, etc.

City & State
Miami, Florida

Zip Country
33056 USA

4. State/Country of Formation
Florida/USA

5. Date Organized or Qualified
To Do Business in Florida 04/15/2005

6. FEI Number
20-2169828

☐ 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
Damaso W. Saavedra, Esq.

Street Address (P.O. Box Number is Not Acceptable)
312 S.E. 17th Street

Suite, Apt. #, Etc.
Second Floor

City State Zip Code
Fort Lauderdale FL 33316

☒ 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

Date February 9, 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
D	Carrington Williams	17800 N.W. 19th Avenue	Miami, Florida 33056

700138977007
12/12/08 01006 008
#277.50

REINSTATEMENT 06-09
AL

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

Date 2/9/09

Daytime Phone # 786-389-1686

Typed or printed name of signing Managing Member/Manager Carrington Williams