

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2008 MAY 14 PM 1:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04142008 REIN-LLC CR2E101 (1/07)

<b>DOCUMENT # L05000044951</b> 1. Entity Name <b>MM&amp;E SCHUSTER INVESTMENT, L.L.C.</b>					
Principal Place of Business <b>20 ISLAND AVE., UNIT 1017 MIAMI BEACH, FL 33139</b>			Mailing Address <b>20 ISLAND AVE., UNIT 1017 MIAMI BEACH, FL 33139</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address <b>1800 Purdy ave 2411</b>			
City & State  Zip		City & State <b>South Miami Beach</b> Zip <b>33139</b>		4. FEI Number <b>20-2810265</b>	
Country		Country <b>FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SCHUSTER, MARIA 20 ISLAND AVE., UNIT 1017 1800 Purdy ave 2411 MIAMI BEACH, FL 33139</b>			7. Name and Address of New Registered Agent Name <b>MARIA SCHUSTER</b> Street Address (P.O. Box Number is Not Acceptable) <b>1800 Purdy ave 2411</b> City <b>South Beach</b> <b>FL</b> Zip Code <b>33139</b>		
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 <u><i>Maria Schuster</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$377.50</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SCHUSTER, MARIA 20 ISLAND AVE., UNIT 1017 MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	200128676342 05/07/08--01008--004 ***382.50
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SCHUSTER, MONIKA M 20 ISLAND AVE., UNIT 1017 MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SCHUSTER-VELDHOVEN, ERIKA M 20 ISLAND AVE., UNIT 1017 MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Maria Schuster</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<u><i>April 02-08</i></u> <small>Date</small>	
<small>Daytime Phone #</small>					