L05000052609

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : FILINGS, INC.
Account Number : 072720000101
Phone : (850) 385-6735
Fax Number : (954) 641-4192

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10 MAY 21 AM 8:35
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TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: JAUG@RSAUG.COM

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LIMITED LIABILITY REINSTATEMENT
AUG INVESTMENTS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	~~$656.00~~

$560.00

J. BRYAN
MAY 24 2010
EXAMINER

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 MAY 21 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E011 (11/09)

DOCUMENT # L05000052609

1. Limited Liability Company's Name

Aug Investments LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
c/o James Aug 225 E 86	c/o James Aug 225 E 86
Suite, Apt. #, etc. Penthouse #1	Suite, Apt. #, etc. Penthouse #1
City & State New York NY	City & State New York NY
Zip 10028 Country US	Zip 10028 Country US

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: May 26, 2005

6. FEI Number: 20-3009189 ☐ 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: Filings, Inc.

Street Address (P.O. Box Number is Not Acceptable): 3732 N.W. 16th Street

Suite, Apt. #, Etc.:

City: Fort Lauderdale State: FL Zip Code: 33311

☒ 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: 5-18-10

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
M/M	James Aug	225 East 86th St Ph#1	New York NY 10028

REINSTATEMENT 2007-10

11. E-mail Address: JAUG@RSAUG.COM (To be used for future annual report notification)

12. 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: _____ Date: 5/12/10 Daytime Phone #: 9177907082

Typed or printed name of signing Managing Member/Manager: James Aug