

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 DEC 29 PM 1:31

KS SECRETARY OF STATE
TALLAHASSEE, FLORIDA
500214875615
12/05/11--01021--029 **238.75

DOCUMENT # L05000072945

1. Limited Liability Company's Name

ZAW INVESTMENTS LLC
8615 COMMODITY CIR STE 6
ORLANDO, FL 32819

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

8615 COMMODITY CIR # 6
Suite, Apt. #, etc.

3. Mailing Office Address

8615 COMMODITY CIR # 6
Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32819

Country

USA

Zip

32819

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

07-25-2005

6. FEI Number

20-3245822

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
LARSON ACCOUNTING & CONSULTING SUCC
Street Address (P.O. Box Number is Not Acceptable)
8615 COMMODITY CIR STE 6
Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32819

E-mail Address:

500214875615
01/04/12--01013--020 **138.75

CARD@larsonacc.com
(To be used for future annual report notices)

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

[Signature]

Date 11-14-11

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
MGRM	LAURENCE ENTERPRISE USA, CORP	8615 COMMODITY CIR STE 6 ORLANDO, FL 32819	ORLANDO, FL 32819 05

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

[Signature]

Date 11-17-11

Daytime Phone #

4093703686

Typed or printed name of signing Managing Member/Manager



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 7, 2011

ELIAS ZAK ZAK NETO
8810 COMMODITY CIR, STE. 17
ORLANDO, FL 32819

SUBJECT: ZAK REAL ESTATE INVESTMENTS LLC
Ref. Number: W11000061287

We have received your document for ZAK REAL ESTATE INVESTMENTS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. To reinstate this entity complete the enclosed application/report form.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 311A00027374