

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000079011

1. Limited Liability Company's Name

IM INVESTMENTS LLC

2010 DEC 21 AM 8:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800188905438
12/21/10--01036--006 **\$55.00

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 21161 NE 22ND CT		3. Mailing Office Address 21161 NE 22ND CT	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33180	Country MIAMI-DADE	Zip 33180	Country MIAMI-DADE

4. State/Country of Formation FL, USA	
5. Date Organized or Qualified To Do Business in Florida 8/10/05	
6. FEI Number 43-2108399	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name ILAN MARKOVITZ		
Street Address (P.O. Box Number is Not Acceptable) 21161 NE 22ND CT		
Suite, Apt. #, Etc		
City MIAMI	State FL	Zip Code 33180

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 *Ilan Markovitz*
REGISTERED AGENT MUST SIGN

Date **12/16/10**

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	ILAN MARKOVITZ	21161 NE 22ND CT	MIAMI, FL 33180
S	URI SEGEV	3332 NE 190 ST APT 1010	MIAMI, FL 33180

REINSTATEMENT-07-10

11. E-mail Address: ilan@im-investments.com

(To be used for future annual report notifications)

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 608.406, 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 *Ilan Markovitz*

Date **12/16/10**

Daytime Phone # **305 807 7604**

Typed or printed name of signing Managing Member/Manager **ILAN MARKOVITZ**

C.L.