

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 DEC 21 AM 8:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

CR2E041 (05/10)

DOCUMENT # L05000079011

1. Limited Liability Company's Name

IM INVESTMENTS LLC

2. Principal Office Address - No P.O. Box #
21161 NE 22ND CT

Suite, Apt. #, etc

City & State
MIAMI, FL

Zip
33180

Country
MIAMI-DADE

3. Mailing Office Address
21161 NE 22ND CT

Suite, Apt. #, etc

City & State
MIAMI, FL

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

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
ILAN MARKOVITZ

Street Address (P.O. Box Number is Not Acceptable)
21161 NE 22ND CT
Suite, Apt #, Etc

City
MIAMI

State Zip Code
FL 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

Date 12/16/10

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
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

Date 12/16/10

Daytime Phone # 305 807 7604

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

C.S.