PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 OCT 18 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10/18/11--01022--007 **377.50

CR2E041 (1/11)

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1. Limited Liability Company's Name

Mons Investments LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
Suite, Apt. #, etc. 4211 North Federal Highway	Suite, Apt. #, etc. 4211 N. Federal Highway
City & State Pompano Beach FL	City & State Pompano Beach FL
Zip 33064 Country USA	Zip 33064 Country USA

4. State/Country of Formation Florida USA

5. Date Organized or Qualified To Do Business in Florida 09/14/2005

6. FEI Number 20373879 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: Nishi Mallick

Street Address (P.O. Box Number is Not Acceptable): 4211 N. Federal Highway

Suite, Apt. #, Etc.:

City: Pompano Beach. State: FL Zip Code: 33064

E-mail Address: nishi.mallick@gmail.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 NM Date 10/15/11

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
MGR	Nishi Mallick	4211 North ~~East~~ Federal.	Pompano Beach
		highway, Pompano	FL - 33064
		Beach Florida 33064	
	REINSTATEMENT 10, 11		

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 NM Date 10/15/11 Daytime Phone # (954) 336-2427

Typed or printed name of signing Managing Member/Manager

OCT 19 2011