


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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|--------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| LIMITED LIABILITY COMPANY REINSTATEMENT |  | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS |
|--------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|

FILED

2008 APR 23 P 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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04/25/08--01019--013 **516:25

CR2E041 (12/07)

DOCUMENT #

L05000091896

1. Limited Liability Company's Name

Mega Investment, L.L.C.

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

16375 NE 18th Avenue

Suite, Apt. #, etc.

Suite 225

City & State

North Miami Beach, Florida

Zip

33162

Country

USA

3. Mailing Office Address

16375 NE 18th Avenue

Suite, Apt. #, etc.

Suite 225

City & State

North Miami Beach, Florida

Zip

33162

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

9/19/2005

6. FEI Number

☐ 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

Ira R. Shapiro

Street Address (P.O. Box Number is Not Acceptable)

16375 NE 18th Avenue

Suite, Apt. #, Etc.

Suite 225

City

North Miami Beach

State

FL

Zip Code

33162

☐ 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

REGISTERED AGENT MUST SIGN

Date

4/14/08

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 | Gennadiy Krivoruchko | 17500 N. Bay Road #808 | Sunny Isles Beach, FL 33160 |
| MGR | Alexandre Zemliakov | 17500 N. Bay Road #808 | Sunny Isles Beach, FL 33160 |
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REINSTATEMENT 06-08

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.

Signature of

Managing Member/Manager

G. Krivor

Date 3.24.08.

Daytime Phone # 847-414-5887

Typed or printed name of signing Managing Member/Manager

Member/Manager

GENNADIY KRIVORUCHKO