


# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 NOV 14 AM 9:32

|   |  |                           |   |   |  |
|---|--|---------------------------|---|---|--|
| <b>DOCUMENT # L05000095417</b>  |  |                           |   |  |  |
| <b>1. Entity Name</b><br>INVESTMENT SYNERGY, LLC  |  |                           |   |   |  |
| <b>Principal Place of Business</b><br>4779 COLLINS AVENUE, #2107<br>MIAMI BEACH, FL 33140   |  |                           | <b>Mailing Address</b><br>4779 COLLINS AVENUE, #2107<br>MIAMI BEACH, FL 33140 |   |  |
| <b>2. Principal Place of Business</b>   |  | <b>3. Mailing Address</b> |   |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.       |   |   |  |
| City & State  |  | City & State              |   |   |  |
| Zip   | Country  | Zip                       | Country   | 10122006 REIN-LLC CR2E101 (11/05)   |  |
| <b>4. FEI Number</b><br>20-5237679  |  |                           |   | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |  |                           |   | <b>\$5.00 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b>  |  |                           | <b>7. Name and Address of New Registered Agent</b>                            |   |  |
| ARGUELLO, ERNESTO<br>4779 COLLINS AVENUE, #2107<br>MIAMI BEACH, FL 33140  |  |                           | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City            |   |  |
|   |  |                           | FL Zip Code   |   |  |
| <b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b>  |  |                           |   |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |                           |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After January 1, 2007, Fee will be \$200.00</b>  |  |                           |   | <b>Make check payable to</b><br><b>Florida Department of State</b>                |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |  |                           | <b>10. ADDITIONS/CHANGES</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>ARGUELLO, ERNESTO<br>4779 COLLINS AVENUE, #2107<br>MIAMI BEACH, FL 33140 |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                | 00008176780<br>11/14/06--01062--008 **150.00                                      |  |
|   | <input type="checkbox"/> Delete  |                           |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
|   | <input type="checkbox"/> Delete  |                           |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
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|   | <input type="checkbox"/> Delete  |                           |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.</b> |  |                           | <b>REINSTATEMENT 2006</b>   |   |  |
| <b>SIGNATURE:</b> _____   |  |                           | Date: 10/16/06  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |  |                           | Daytime Phone #   |   |  |