

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

11 DEC 14 PM 11:27

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 206000000054

1. Limited Liability Company's Name

Investments, LLC

CR2E041 (1/11)

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

1880 Centennial Ave

Suite, Apt. #, etc.

\$

City & State

St Cloud, FL

Zip

34769

Country

Osceola

3. Mailing Office Address

1880 Centennial Ave

Suite, Apt. #, etc.

City & State

St. Cloud, FL

Zip

34769

Country

Osceola

4. State/Country of Formation

FL / Orange

5. Date Organized or Qualified To Do Business in Florida

Dec 30 2005

6. FEI Number

20-4059954

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: Joel Rodriguez

Street Address (P.O. Box Number is Not Acceptable): 1880 Centennial Ave

Suite, Apt. #, Etc.

St. Cloud

State

FL

Zip Code

34769

E-mail Address:

100215349111
12/20/11--01002--006 **517.00

joelrodrigueznegron@yc/hoo.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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date 12-10-11

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
MBR	Autumn I Rodriguez	1880 Centennial Ave St. Cloud, FL 34769	St Cloud, FL 34769
MBR	Joel Rodriguez	1880 Centennial Ave	St Cloud, FL 34769

REINSTATEMENT 2009-2011 [Signature]

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

[Handwritten Signature]

Date 12-10-11

Daytime Phone # 321-609-1785

Typed or printed name of signing Managing Member/Manager