PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT SECRIBA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS								FILED 08 DEC -8 PM 1:16		
DOCUMENT # L06000016159 1. Limited Llability Company's Name 2500 INVESTMENTS LLC e								SECRETARY OF STATE TALLAHASSEE, FLORIDA		
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address - No P.O. Box # 2500 S.W. 8 ST. P.O. BOX Suite, Apt. #, etc. Suite, Apt. #,								CR2E041 (10/08) 4. State/Country of Formation FLORIDA		
l				City & State	3			Date Organized or Qualified To Do Business in Florida 02/14/2006 FEI Number 20-5312821 Not Applicable		
· ·		Country USA	· ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			Country USA	,	7. CERTIFICAT		
Name Name PENOSIPE LUIS Somoano Street Address (P.O. Box Number is Not Acceptable) 44 PALERMO AVE. Suite, Apt. #, Etc. City CORAL GABLES					State Zip Code			☐ 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 regimered agent of the above named limited liability company, am familiar with and a Signature of Registered Agent								accept the obligations of Chapter 608, F.S. Date 12/1/2008		
10. Names and Street Addresses of Managing Members/Managers Titles Name of Street Address of Each										
Titles	Managing Members/ Managers				Managing Member/Manager				City / State / Zip	
MGRM	SOMOANO, LUIS				P.O. BOX 652655 P.O. BOX 652655				MIAMI, FL 33265 MIAMI, FL 33265	
	REINSTATEM					ENT07-08 11/1			PO138800838 /0801050022 **377.50	
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 Daytime Phone #										
Typed or printed name of signing Managing Member/Manager LUIS SOMOANO										



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 20, 2008

2500 INVESTMENTS LLC P.O. BOX 652655 MIAMI, FL 33265

SUBJECT: 2500 INVESTMENTS, LLC

Ref. Number: L06000016159

PILED

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SECRETARY OF STATE
SECRETARY OF STATE

We have received your document for 2500 INVESTMENTS, LLC and your check(s) totaling \$377.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 908A00057960

2500 INVESTMENTS LLC P.O. BOX 652655 MIAMI, FL 33265

TEL: 305-343-3855

December 4pi2008

Enclosed please find a corrected reinstatement document #L06000016159 new #W08000052698. The registered agent was not filled in. A check for \$377.50 was already sent on November 13, 2008, check number 424. If you need further information please contact me.

Sincerely

Luis Someand

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