

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2009 AUG 11 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

DOCUMENT # L06000022077

1. Limited Liability Company's Name
NOW YOU KNOW INVESTIGATIONS, LLC

2. Principal Office Address - No P.O. Box #
30129 Moss Bank Dr

Suite, Apt. #, etc.

3. Mailing Office Address
30129 Moss Bank Dr

Suite, Apt. #, etc.

City & State Wesley Chapel, FL		City & State Wesley Chapel, Florida	
Zip 33543	Country US	Zip 33543	Country U.S.

4. State/Country of Formation
FLORIDA / U.S.

5. Date Organized or Qualified
To Do Business in Florida 2/27/06

6. FEI Number 20-3785527

Applied For	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name Luis Hernandez
Street Address (P.O. Box Number is Not Acceptable)
30129 Moss Bank Drive
Suite, Apt. #, Etc.
City Wesley Chapel
State FL Zip Code 33543

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 8/07/09

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
MEM	Luis Hernandez	30129 Moss Bank Dr.	Wesley Chapel, FL 33543

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08/11/09-01002-008 **421.25

REINSTATEMENT-07-09

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

Date 8/07/09

Daytime Phone (813) 679-4423

Typed or printed name of signing Managing Member/Manager

C/L