PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2009 APR -7 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

DOCUMENT # L06000028528

1. Limited Liability Company's Name

LUSKAM INVESTMENT LLC

2. Principal Office Address - No P.O. Box #		**3.** Mailing Office Address	
169 E. FLAGLER ST		1915 BRICKELL AVENUE	
Suite, Apt. #, etc. SUITE #1534		Suite, Apt. #, etc. APT #C-1513	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33131	Country USA	Zip 33139	Country USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 3/17/2006

6. FEI Number: 20-4626725 ☐ 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: WISNIACKI, FABIAN

Street Address (P.O. Box Number is Not Acceptable): 1915 BRICKELL AVENUE

Suite, Apt. #, Etc.: APT #C-1513

City: MIAMI | State: FL | Zip Code: 33139

☐ 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 X _____ Date _____

REGISTERED AGENT MUST SIGN

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	WISNIAKI, FABIAN	1915 BRICKELL AVE, APT#C-1513	MIAMI, FL 33139
		500148436305 04/02/09--01020--013 **516.25	
	REINSTATEMENT-07-08-09		
		C.L	

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 X _____ Date _____ Daytime Phone # 305-377-2916

Typed or printed name of signing Managing Member/Manager FABIAN WISNIAKI