L06000031679

FILED
DIVISION OF CORPORATIONS
SECRETARY OF STATE

10 FEB 10 AM 11: 10

BK

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L06000031679

1. Limited Liability Company's Name

TRANS UNITED INVESTMENT, LLC.
07

500168402615
02/10/10--01003--012 **555.00

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address	
11500 Quail Roost Dr	11500 Quail Roost Dr	4. State/Country of Formation FLORIDA
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Date Organized or Qualified To Do Business in Florida 03/24/2006
City & State Miami, FL	City & State Miami, FL	6. FEI Number ☒ Applied For ☐ Not Applicable
Zip 33157	Country U.S.	Zip 33157	Country U.S.	7. CERTIFICATE OF STATUS DESIRED ☒ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name Yolanda Anido

Street Address (P.O. Box Number is Not Acceptable) 11500 Quail Roost Dr.

Suite, Apt. #, Etc

| City Miami, | State FL | Zip Code 33157 |

☒ 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 Yolanda Anido   Date 02/09/2010
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
MGRM	Anido, Yolanda	11500 Quail Roost Dr.	Miami, FL 33157
MGRM	Benitez, Orlando	11500 Quail Roost Dr.	Miami, FL 33157

REINSTATEMENT 2007-2010

11. E-mail Address: anidoy@bellsouth.net
(To be used for future annual report notifications)

12. 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 Yolanda Anido   Date 02/09/2010   Daytime Phone # 305/444/2213

Typed or printed name of signing Managing Member/Manager Yolanda Anido