2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000056123

1. Entity Name
INVESTMENT ASSOCIATES, LLC

FILED

07 OCT 19 PM 2: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10132007 REIN-LLC CR2E101 (1/07)

Principal Place of Business	Mailing Address
3701 S. FLAGLER DRIVE APT. B-301 WEST PALM BEACH, FL 33405	3701 S. FLAGLER DRIVE APT. B-301 WEST PALM BEACH, FL 33405
2. Principal Place of Business - No P.O. Box #	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number — ☑ Applied For / ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	**7. Name and Address of New Registered Agent**
KASPRZYK, GEORGE 3701 S. FLAGLER DRIVE APT. B-301 WEST PALM BEACH, FL 33405	Name ____ Street Address (P.O. Box Number is Not Acceptable) ____ City ____ FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2008, Fee will be $200.00

Make check payable to
Florida Department of State

9.	MANAGING MEMBERS / MANAGERS		**10.**	ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KASPRZYK, GEORGE 3701 S. FLAGLER DRIVE WEST PALM BEACH, FL 33405	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400110973634 10/19/07--01003--007 **150.00	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _George A. Kasprzyk_   10/15/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #