PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000065018

1. Limited Liability Company's Name
Skane Investments, LLC

000288224920
07/21/16--01033--013 **1487.50

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
4004 NW 2nd Avenue		4004 NW 2nd Avenue	
Suite, Apt. #, etc		Suite, Apt. #, etc.	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33127	Country USA	Zip 33127	Country USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
June 27, 2006

6. FEI Number
20-5119301
☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

FILED
16 JUL 21 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8. Name and Address of Current Registered Agent

Name
William Philip Ross Munro

Street Address (P O. Box Number is Not Acceptable) Suite,
4004 NW 2nd Avenue

Apt #, Etc

City	State	Zip Code
Miami	FL	33127

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent _____ Date 07/20/16

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Munro, William Philip R	4004 NW 2nd Avenue	Miami, Florida, 33127

JUL 25 2016
S. YOUNG

11. E-mail Address: skenero@aol.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member _____ Date 07/20/2016 Daytime Phone # 786 271 2787

Typed or printed name of signing authorized representative/member William Philip Ross Munro