PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIA COMPA REINSTATE	NY	Se Se	DEPARTMENT OF STATE cretary of State on of corporations				
DOCUMENT	# L06000065018						
1. Limited Liability Com Skane Investmen	npany's Name nts, LLC						
•				00 1 07/21/1	0288224: 1601035019	920 **1487.50	
			Mailing Office Address 04 NW 2nd Avenue		CR2E041 (1/14)		
Suite, Apt. #, etc	· · · · · · · · · · · · · · · · · · ·	Suite, Apt. #. et	Suite, Apt. #, etc.		Florida		
City & State Crty & State				To Do Business	in Florida June 27,	2006	
Miami, Florida		1 -	Miami, Florida		6. FEI Number Applied For 20-5119301 Not Applicable		
2ip Country 33127 USA		Zip 33127	Country USA	7. CERTIFICATE OF STATUS DESIRED			
8 Name and Address of					7.0		
Name William Philip Ross Munro						ECRETAL ALLAHAS 16 JUL 2	
Street Address (P.O. Box Number is Not Acceptable) Suite, 4004 NW 2nd Avenue						TARY HASS	
Apt # Etc						PH FE	
^{City} Miami	" "		State Zip Code 33127			STATE LORIED	
9. I, being appointed	the registered egent of the a	bove named limited li	ability company, am familiar with and	accept the obligations of	Chapter 605, F.S.	7	
Signature of Registered Agent	Mp/s	REGISTERED AGENT	MUST SIGN		07/20/16 Date		
10. Names and Street	Addresses of Authorized Rep	esentatives/Managers					
Titles Name of Authorized Representatives/ Managers		95/	Street Address of Each Authorized Representative/ Manager		City / State / Zip		
MGR	Munro, William Philip R		4004 NW 2nd Avenue		Miami, Florida, 33127		
					JUL 2 5	2016	
					S. YO	UNG	
11, E- mail Address:	skenero@aol.com						
certify that when filing 605.0012, F.S., and it shall have the same to felony as provided for Signature of authorize	this reinstatement applicati hat all fees owed by the limit egal effect as if made under	on the reason for dis- ed liability company oath. I am aware the	(Tobe used for future annual report notifical eliver or trustee empowered to execusolution has been eliminated, the liminate been paid. The information industrials information submitted in a domain of false information submitted in a domain of the control of th	ute this application as pinted liability company na icated on this application cument to the Department /20/2016	ame satisfies the requirem in is true and accurate, and	ent of section d my signature hird degree	