

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 APR 29 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LOG 0000 89632

1. Limited Liability Company's Name

H.D.E Investments, LLC

600178896706
04/29/10--01011--004 **521.25
CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #

19599 N.E. 10th Ave

Suite, Apt. #, etc.

Bldg 7- Suite E

City & State

Miami, FL

Zip

33179

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

33179

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

09-25-2006.

6. FEI Number

51-0600961

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

Doron Feigelman

Street Address (P.O. Box Number is Not Acceptable)

1109 N.E. 209 Terrace.

Suite, Apt. #, Etc.

City

Miami, FL

State

FL

Zip Code

33179

☐ 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

[Signature]
REGISTERED AGENT MUST SIGN

Date 04.26.10.

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	<u>Doron Feigelman</u>	<u>1109 N.E. 209 Terr</u>	<u>Miami, FL 33179</u>
MGR	<u>Orit Feigelman</u>	<u>1109 N.E. 209 Terr</u>	<u>Miami, FL 33179</u>

REINSTATEMENT 08-10

11. E-mail Address: orit201@gmail.com.

(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

[Signature]

Date 04.26.10.

Daytime Phone # 786-493 3050

Typed or printed name of signing Managing Member/Manager