

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 SEP -1 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000100507

1. Limited Liability Company's Name

ocean 7 global investment group llc

500160135625
08/31/09--01063--011 **\$16.25

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 3618 sw 163 st		3. Mailing Office Address same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State miramar		City & State fl	
Zip	Country	Zip	Country
		33027	US

4. State/Country of Formation USA FL	
5. Date Organized or Qualified To Do Business in Florida 10/13/2006	
6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name box anthony d			
Street Address (P.O. Box Number is Not Acceptable) 290 nw 165 st			
Suite, Apt. #, Etc. p-100			
City miami	State FL	Zip Code 33169	

☐ 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 8/31/2009

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
c.e.o	kerry pierre	3618 sw 163 st	miramar fl 33027

REINSTATEMENT 07-09
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11. 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]
kerry pierre

Date 8/31/2009

Daytime Phone # 9548222048

Typed or printed name of signing Managing Member/Manager