FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

12 DEC 17 PM 4:21

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000004850

1. Limited Liability Company's Name
Nebraska Investments LLC

700242191267
11-28-12 01020 010 $516.25

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
114 Melton Avenue		PO Box 702036	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Sebastian, FL		Wabasso, FL	
Zip	Country	Zip	Country
32958	USA	32970	USA

4. State/Country of Formation: Florida USA

5. Date Organized or Qualified To Do Business in Florida: 01/16/2007

6. FEI Number: 20-8241255 ☐ 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: Gillian Hall

Street Address (P.O. Box Number is Not Acceptable): 114 Melton Avenue

Suite, Apt. #, Etc.:

City: Sebastian | State: FL | Zip Code: 32958

E-mail Address: ghallsebastian@aol.com
(To be used for future annual report notices)

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 _____ Date 11/26/2012
REGISTERED AGENT MUST SIGN

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
MGRM	Gillian Hall	114 Melton Avenue	Sebastian, FL 32958
MGRM	Michael Hall	114 Melton Avenue	Sebastian, FL 32958
	REINSTATEMENT 10-12		DEC 17 2012
			T. CAULEY

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. 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 Managing Member/Manager _____ Date 11/26/2012 Daytime Phone # 772 581 2694

Typed or printed name of signing Managing Member/Manager: Gillian Hall