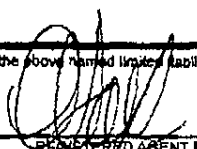
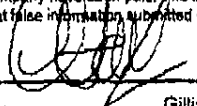


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 DEC 17 PH 4:21

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>LD7000000 4850</u>			
1. Limited Liability Company's Name Nebraska Investments LLC			
2. Principal Office Address - No P.O. Box # 114 Melton Avenue Suite, Apt. #, etc.		3. Mailing Office Address PO Box 702036 Suite, Apt. #, etc.	
City & State Sebastian, FL Zip 32958 Country USA		City & State Wabasso, FL Zip 32970 Country 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 Member/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 2894 Typed or printed name of signing Managing Member/Manager Gillian Hall			