

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JUN 14 AM 10:54

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000021463

1. Limited Liability Company's Name

CAMELBACK INVESTMENTS LLC

OK

600181945676
06/10/10--01005--010 **416.25

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #
2665 SOUTH BAYSHORE DRIVE

3. Mailing Office Address
2665 SOUTH BAYSHORE DRIVE

Suite, Apt. #, etc.

SUITE 703

Suite, Apt. #, etc.

SUITE 703

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33133

Country

USA

Zip

33133

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

2/26/2007

6. FEI Number

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

WORLD CORPORATE SERVICES, INC.

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

2665 SOUTH BAYSHORE DRIVE

Suite, Apt. #, Etc.

SUITE 703

City

MIAMI

State

FL

Zip Code

33133

600181945676
06/14/10--01004--010 **100.00

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

Edgar

REGISTERED AGENT MUST SIGN

Date 6/7/10

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	TIMOTHY D. RICHARDS	2665 SOUTH BAYSHORE DRIVE, SUITE 703	MIAMI, FL 33133

REINSTATEMENT 2008-2010

11. E-mail Address EDIAZ@RICHARDS-LAW.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

Timothy D. Richards

Date 6/7/10

Daytime Phone # 305-858-9900

Typed or printed name of signing Managing Member/Manager TIMOTHY D. RICHARDS