PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED FILED
DOCUMENT # L07000034627 1. Limited Liability Company's Name FTN INVESTMENTS LLC		800139972298 01/07/0901006010 **277.50 CR2E041 (10/08)
2. Principal Office Address - No P.O. Box # 701 BRICKELL AVENUE	3. Mailing Office Address 701 BRICKELL AVENUE	4. State/Country of Formation
Suite, Apt. #, etc. SUITE 2040	Suite, Apt. #, etc. SUITE 2040	FLORIDA 5. Date Organized or Qualified
City & State	City & State	To Do Business in Florida3-30-2007
MIAMI, FL	MIAMI, FL	6. FEI Number ✓ Applied For Not Applicable
Zip Country 33131	Zip Country 33131	7. CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status
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 Zip Code 33131		☑ 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 Date 12-29-2008		
10. Names and Street Addresses of Managing Mem		
Titles Name of Managing Members/ Manage	Street Address of Each rs Managing Member/Manag	
MGR CARLOS VILCHEZ	701 BRICKELL AVE, SUITE	E 2040 MIAMI, FL 33131
	REINSTATEMENT	2008-2009
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 Date 12-29-2008 Daytime Phone # Typed or printed name of signing Managing Member/Manager		