

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000034627

1. Limited Liability Company's Name

FTN INVESTMENTS LLC

2. Principal Office Address - No P.O. Box #

701 BRICKELL AVENUE

3. Mailing Office Address

701 BRICKELL AVENUE

Suite, Apt. #, etc.

SUITE 2040

Suite, Apt. #, etc.

SUITE 2040

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33131

Country

Zip

33131

Country

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

33131

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

(X)

Echay

Date **12-29-2008**

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
MGR	CARLOS VILCHEZ	701 BRICKELL AVE, SUITE 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

(X)

Echay

Date **12-29-2008**

Daytime Phone #

Typed or printed name of signing Managing Member/Manager