PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2009 NOV 23 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

600162842206
11/16/09--01006--009 **377.50

CR2E041 (10/08)

DOCUMENT # L07000038989

1. Limited Liability Company's Name

NONNA INVESTMENTS, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
799 Crandon Blvd	799 Crandon Blvd
Suite, Apt. #, etc.: 402	Suite, Apt. #, etc.: 402
City & State: KEY BISCAYNE, FL	City & State: KEY BISCAYNE, FL
Zip: 33149 Country: USA	Zip: Country:

4. State/Country of Formation: FL - USA

5. Date Organized or Qualified To Do Business In Florida:

6. FEI Number: NONE ☐ 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: CARMEN C. CAPRILES

Street Address (P.O. Box Number is Not Acceptable): 11640 NW 67 TERRACE

Suite, Apt. #, Etc.:

City: DORAL State: FL Zip Code: 33178

☒ 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: [signature] Date: 11/02/2009
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	Nonna Business Corp.	799 Crandon Blvd #402	Key Biscayne FL 33149
MGR	Foreland Financial Inc.	799 Crandon Blvd #402	Key Biscayne FL 33149

REINSTATEMENT 08-09

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: [signature] Date: 11/02/2009 Daytime Phone#: 305-904 6629

Typed or printed name of signing Managing Member/Manager: