


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

10 MAR 23 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000126035

1. Limited Liability Company's Name

RLY INVESTMENTS, LLC

000172900930
03/23/10--01017--018 **516.25
CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
11770 US Hwy 1		11770 US Hwy 1	
Suite, Apt. #, etc. Suite 301		Suite, Apt. #, etc. Suite 301	
City & State Palm Beach Gardens FL		City & State Palm Beach Gardens FL	
Zip 33408	Country US	Zip 33401	Country US

4. State/Country of Formation FL/US	
5. Date Organized or Qualified To Do Business in Florida 12-20-07	
6. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Donald M. Allison			
Street Address (P.O. Box Number is Not Acceptable) 7601 N Federal Highway			
Suite, Apt. #, Etc. Suite A165			
City Boca Raton	State FL	Zip Code 33487	

☐ 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 2-22-2010

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	RICHARD L YELLEN	111 Broadway, 11th FL	New York, NY 10006

REINSTATEMENT 08, 09, 10

11. E-mail Address: sandy@ACDofSouthFlorida.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

Date 2/22/10

Daytime Phone 212-404-6988

Typed or printed name of signing Managing Member/Manager Richard L Yellen

N. Ollgas MAR 24 2010