

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000021183

**FILED**  
**Nov 01, 2009**  
**Secretary of State**

**Entity Name:** SOCIAL INVESTMENT LLC

**Current Principal Place of Business:**

24546 S.W. 108TH PLACE  
HOMESTEAD, FL 33032

**New Principal Place of Business:**

**Current Mailing Address:**

24546 S.W. 108TH PLACE  
HOMESTEAD, FL 33032

**New Mailing Address:**

**FEI Number:** 74-3254339      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

ALABRE, MIKE  
24546 S.W. 108TH PLACE  
HOMESTEAD, FL 33032      US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** MIKE ALABRE

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR      ( ) Delete  
**Name:** ALABRE, MIKE  
**Address:** 24546 S.W. 108TH PLACE  
**City-St-Zip:** HOMESTEAD, FL 33032

**ADDITIONS/CHANGES:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** MIKE ALABRE

MGR

11/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date