

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 AUG -7 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L08000043279

1. Limited Liability Company's Name

Bal Harbour Investments, LLC

CR2E041 (1/11)


2. Principal Office Address - No P.O. Box # 1060 95 st		3. Mailing Office Address 1060 95 st	
Suite, Apt. #, etc. Apt # 4		Suite, Apt. #, etc. Apt # 4	
City & State Bay Harbor Islands		City & State Bay Harbour Islands	
Zip 33154	Country USA	Zip 33154	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 4/30/08	
6. FEI Number 26-2527404	<input type="checkbox"/> Applied For <input 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 Nua Shala			
Street Address (P.O. Box Number is Not Acceptable) 1060 95 St			
Suite, Apt. #, Etc. Apt # 4			
City Bay Harbor Islands	State FL	Zip Code 33154	

E-mail Address:
500238218335
08/06/12--01048--019 **377.50
nsh.gjergji@gmail.com
(To be used for future annual report notices)

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 8/2/12
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	Nua Shala	1060 95 st, # 4	Bay Harbor Islands, FL., 33154
MGRM	Jack Saljanin	1060 95 St, #4	Bay Harbor Islands FL, 33154

REINSTATEMENT 2011-2012

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager  Date 8/2/12 Daytime Phone #
Typed or printed name of signing Managing Member/Manager