

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

11 DEC 19 AM 11:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L08000087124

1. Limited Liability Company's Name

**AAA INVESTMENT GROUP LLC**

CR2E041 (1/11)

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

3209 NE 169 ST

Suite, Apt. #, etc.

3. Mailing Office Address

3209 NE 169 ST

Suite, Apt. #, etc.

City & State

NORTH MIAMI BEACH, FL

City & State

NORTH MIAMI BEACH, FL

Zip

33160

Country

USA

Zip

33160

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified

To Do Business in Florida 09/12/2008

6. FEI Number

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 **ELYHAU HADAD**

Street Address (P.O. Box Number is Not Acceptable)

3209 NE 169 ST

Suite, Apt. #, Etc.

City

NORTH MIAMI BEACH, FL

State

FL

Zip Code

33160

E-mail Address:

12/19/11--01009--007 \*\*541.25  
000215329570  
12/19/11--01009--007 \*\*541.25

**eli.hadad01@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

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
MGRM	ELYHAU HADAD	3209 NE 169 ST	NORTH MIAMI BEACH, FL 33160

**REINSTATEMENT** 2009-2011 RBM

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

Daytime Phone #

305 494 4054

Typed or printed name of signing Managing Member/Manager