

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 Country
33160 USA

Zip Country
33160 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 Zip Code
FL 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 *IBM*

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 608.408, 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