

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
15 JAN -2 AM 8:41  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **L13000064294**

1. Limited Liability Company's Name  
**VEA Investments, LLC**

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # <b>1650 Sand Lake Road</b>		3. Mailing Office Address <b>1650 Sand Lake Road</b>	
Suite, Apt. #, etc. <b>Suite 135-A</b>		Suite, Apt. #, etc. <b>Suite 135-A</b>	
City & State <b>Orlando FL</b>		City & State <b>Orlando FL</b>	
Zip <b>32809</b>	Country <b>United States</b>	Zip <b>32809</b>	Country <b>United States</b>

4. State/Country of Formation  
**Florida/United States**

5. Date Organized or Qualified  
To Do Business in Florida  
05/02/2013 **05/02/2013**

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  
**Assured Compliance Services, LLC**  
Street Address (P.O. Box Number is Not Acceptable)  
**214 South Park Avenue**  
Suite, Apt. #, Etc.

City  
**Winter Park**  
State  
**FL**  
Zip Code  
**32789**

**900267936219**  
01/02/15--01024--014 \*\*238.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent **Phillip K. Moeller** - Assured Compliance Services LLC Date **12/23/2014**  
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGRM	Viviana M Tejada Cruz	1650 Sand Lake Road Suite 135	Orlando/FL/32789

**REINSTATEMENT**

**JAN 02 2014**  
**R. HUNT**

11. E-mail Address: **Corporations@floridabusinesslaw.com**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager **Phillip K. Moeller** Date **12/23/2014** Daytime Phone # **(407) 621-4200**

Typed or printed name of signing Authorized Representative/Manager **Phillip K. Moeller Assured Compliance Services, LLC**