

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** L14000054719

1. Limited Liability Company's Name

LYG INVESTMENTS LLC

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

9280 SW 21 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33165

Country

USA

3. Mailing Office Address

2590 NE 201 ST

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33180

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

46-5618366

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

ANGEL SUAREZ

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

9280 SW 21 STREET

Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33165

500283701905  
03/23/16--01017--030 \*\*100.00

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 X

REGISTERED AGENT MUST SIGN

Date 03/11/2016

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
MGR	OSCORP, LLC	9280 SW 21 STREET	MIAMI, FL 33165

REINSTATEMENT

FILED  
2016 MAR 23 P 5:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11. E-mail Address: LUCAS.LIBEDINSKY@GMAIL.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 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date

03/11/2016

Daytime Phone #

786-280-0929

Typed or printed name of signing authorized representative/member

LUCAS LIBEDINSKY