

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**

 FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

16 DEC 28 PM 4:34

 SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L14000196404

 1. Limited Liability Company's Name
COUNTRY SITE INVESTMENTS, LLC

2. Principal Office Address - No P.O. Box # 7240 NW 32 STREET		3. Mailing Office Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State	
Zip 33122	Country	Zip	Country
8. Name and Address of Current Registered Agent			
Name XIN LI			
Street Address (P.O. Box Number is Not Acceptable) Suite, 17001 SW 78 AVE			
Apt. #, Etc.			
City MIAMI		State FL	Zip Code 33157

CR2E041 (1/14)

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 12/30/2014	
6. FEI Number	<input checked="" 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	

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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

Xin Li

Date

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	XIN LI	17001 SW 78 AVE	MIAMI, FL 33157

11. E-mail Address:

(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

Xin Li

Date

Daytime Phone #

Typed or printed name of signing authorized representative/member