

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
02 JUN 28 PM 1:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 094000000367

1. Limited Liability Company's Name

Invictus Planning Services, L.C.

2. Principal Office Address

1 SE 3rd Avenue

Suite, Apt. #, etc.

1940

City & State

Miami, Florida

Zip

33131

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

8/2/94

6. FEI Number

650559581

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

DENIS A. KLEINFELD

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

1 SE 3rd Avenue

Suite, Apt. #, Etc.

1940

City

MIAMI

State

FL

Zip Code

33131

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

25 June 2002

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
MBRM	DENIS A KLEINFELD	1 SE 3rd Avenue, Suite 1940	MIAMI, FL 33131

REINSTATEMENT 97-02

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.

Signature of  
Managing Member/Manager

*[Signature]*

Date

6/25/02

Daytime Phone

3053759515

Typed or printed name of signing Managing Member/Manager

DENIS A. KLEINFELD

CR2E041 (9/01)