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LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State

**DIVISION OF CORPORATIONS** 

SECRETARY OF STATE DIVISION OF CORPORATIONS

01 JUL 13 AM 9: 27

DOCUMENT # 1980000016	UMENT # 1980000016	71
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1. Limited Liability Company's Name

Desiree Investments, L.L.C. 4872 S.W. Bimini Circle Palm City, FL 34990

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			<b>7</b>			
	Office Address S.W. Bimini Circle	<b>3.</b> Mailing Office A 4872 S.W	ddress . Bimini Circle	4. State/Country of Formation		
Suite, Apt. #,	etc.	Suite, Apt. #, etc.		Florida		
City & State		City & State		5. Date Organized or Qualified To Do Business in Florida08/3:	 1/1998	
Palm City, FL		Palm City, FL		<b>6.</b> FEI Number 65–0935321	Applied For Not Applicable	
Zip Country 34990 U.S.A.				7. CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee reg for a Certificate of Stat		
	· · · · · · · · · · · · · · · · · · ·	8. Name a	nd Address of Current Reg	istered Agent		
	Name M & W Agents, In	1c.		800004484		
i-	Street Address /P.O. Boy Number is N					

					4
M & W Agents, Inc.	8000	า⊓44 <sup>′</sup>	484	228	,
Street Address (P.O. Box Number is Not Acceptable)		07/18/			
Boca Corporate Center, 2101 Corporate Boulevard		****20		****2	
Suite, Apt. #, Etc.					
Suite 107					i
City	State	Zip Code	<del></del>		i
Boca Raton	FL	3343	1		ĺ

9. I, being appointed the registered agent of the above ne	mej	limited liability company, am familiar with and accept the obligations of Chapter 608, F	·.s.
	1	i i i i i i i i i i i i i i i i i i i	

Signature of Registered Agent

Charles D Pubin, V. P. REGISTERED AGENT MUST SIGN

Date 6/13/0/

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	
Mgr	Jack Moree	4872 S.W. Bimini Circle	Palm City, FL 34990	
			UBR-00 50.00	
			UBA-01, 50.00	
			Rein - 100.00	
			\$ 200.00 M	

11. Lertify 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 fighr 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/Managei

Jack Møree Jack Moree Typed or printed name of signing Managing Member/Manager