

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L98000001803	
1. Entity Name HALCO INVESTMENTS L.C.	



FILED

07 DEC -4 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 500 SOUTHEAST FIFTH AVENUE PENTHOUSE 01 BOCA RATON, FL 33432 US	Mailing Address 500 SOUTHEAST FIFTH AVENUE PENTHOUSE 01 BOCA RATON, FL 33432 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

11012007 REIN-LLC CR2E101 (1/07)

4. FEI Number 65-0853703	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HALPERIN, BARRY 500 SOUTHEAST FIFTH AVE. PENTHOUSE 01 BOCA RATON, FL 33432		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <i>Barry Halperin</i>	DATE 11/26/07

FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to: Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HALPERIN, BARRY 500 SOUTHEAST FIFTH AVE. PH-01 BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100112663181 11/28/07--01045--009 **50.00
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REINSTATEMENT
2007

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	
SIGNATURE: <i>Barry Halperin</i>	DATE 11/26/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #