

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
TAMM HARRIS
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JAN 11 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000002118

1. Limited Liability Company's Name

Blivas/Kraly Investment L.C.

2. Principal Office Address

18620 S.W. 134th Ave.

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33177

Country

USA

3. Mailing Office Address

13160 N.W. 43 Ave

Suite, Apt. #, etc.

City & State

Opa Locka, Florida

Zip

33054

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

10/198

6. FEI Number

65-0869358

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

8. Name and Address of Current Registered Agent

Name

Robert Kraly

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

13160 N.W. 43 Ave

Suite, Apt. #, Etc.

City

Opa Locka,

State

FL

Zip Code

33054

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

R. Kraly

REGISTERED AGENT MUST SIGN

Date

12/29/99

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	Larry Blivas	148 S. Westgate Ave	Los Angeles, CA 9004,
MGRM	Robert Kraly	13160 N.W. 43 Ave,	Opa Locka, FL 33054
MGRM	Julie Blivas	148 S. Westgate Ave	Los Angeles, CA 90049
MGRM	Tehanna Kraly	13160 N.W. 43 Ave.	Opa Locka, FL 33054
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			-01/21/00--01002--008
			****205.00 ****155.00

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

L. Blivas

Date

12-29-99

Daytime Phone #

310-476-6767

Typed or printed name of signing Managing Member/Manager

Larry Blivas