

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 SEP 29 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L98000002118

1. Limited Liability Company's Name

Blivas / Kraly Investments L.C.

2. Principal Office Address

9100 S. Dadeland Blvd.

Suite, Apt. #, etc.

Penthouse 1, Suite 1701

City & State

Miami, Florida

Zip

33156

Country

USA

3. Mailing Office Address

148 S. Westgate Avenue

Suite, Apt. #, etc.

City & State

Los Angeles, California

Zip

90049

Country

USA

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

6. FEI Number 650869358

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

Ira B. Price, Esq.

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

9100 S. Dadeland Boulevard

Suite, Apt. #, Etc.

Penthouse 1, Suite 1701

City

Miami, Florida

State

FL

Zip Code

33156

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

REGISTERED AGENT MUST SIGN

Date

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 Avenue	Los Angeles, CA 90049
MGRM	Julie Blivas	148 S. Westgate Avenue	Los Angeles, CA 90049

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

Larry Blivas

Date

9/1/04

Daytime Phone #

310-345-

Typed or printed name of signing Managing Member/Manager

Larry Blivas, Manager

6767

CR2E041 (10/02)