

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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 JAN -7 AM 9:33

DOCUMENT # L99000000260

1. Limited Liability Company's Name

LAIKA INVESTEMENTS LLC

100004777351--9

-01/16/02--01027--019

\*\*\*\*150.00 \*\*\*\*150.00

2. Principal Office Address

2000 SO. BAYSHORE DRIVE

3. Mailing Office Address

Suite, Apt. #, etc.  
10

Suite, Apt. #, etc.

City & State

COCONUT GROVE, FL

City & State

Zip

33133

Country

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

1/15/99

6. FEI Number

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

BARRY M. BRANT

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

C/O BERKOWITZ DICK POLLACK & BRANT ONE S.E. THIRD AVENUE

Suite, Apt. #, Etc.

15TH FLOOR

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

12/29/01

**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	BARRY M. BRANT	ONE S.E. THIRD AVE	MIAMI, FL 33131
			Rein 100
			URR 50
			150 up

**REINSTATEMENT 2001**

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

11/19/01

Daytime Phone #

305-379-7000

Typed or printed name of signing Managing Member/Manager BARRY M. BRANT

CR2E041 (9/01)