PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY						
COMPANY						
REINSTATEMENT						



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # L 99 00000271

Typed or printed name of signing Managing Member/Manager

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

00 OCT 27 PHII: 02

1. Limited Liability Company's Name			(J	
PRIME INVESTME	=put,LLC		REINSTAT	ENENT	2100
2. Principal Office Address	3. Mailing Office Address				The state of the s
105 5 PONCE DE LEON B	IVO jos s. Pauce de la	20 B10 D 4.	State/Country of Formation		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5.	Date Organized or Qualified To Do Business in Florida	d	
City & State	City & State		El Number		Applied For
51. AUGUSTINE FC	ST. AUGUSTINE F		-E1 Number 5 9 - 3 54638	, ,	Not Applicable
Zip Country ; 32686 U.S	Zip Country	7.	ERTIFICATE OF STATUS DES	SSOO Additi	කාලිකලෝල් මුක්ලේ දින්ල
	8. Name and Address of		ent		
Street Address (P.O. Box Number is 105 S. PONCO Suite, Apt. #, Etc. City 5T. AUGUSTI 9. i, being appointed the registered agent of the a	UE LEON B	LVD	FL 3	0 Code 2086	
Signature of Registered Agent	REGISTERED AGENT MUST SIGN		Date		
10. Names and Street Addresses of Managing M	embers/Managers				
Titles Name of Managing Members/Man		et Address of Each ing Member/Manager		City / State / Zip	
MAR MUCHHALA, DHA	UV 1005 S. PO	NCE DE LE	ON BLUD - 3T.	AUGUSTINE	FC 300
				3/000103 3-	
			700003	459337 9/00—01099	3
11. I certify that I am managing member/manager filing this reinstatement application the reason all fees owed by the limited liability company has if made under oath. Signature of	for dissolution has been eliminated, the lir	nited liability company nar on this application is true	ne satisfies the requiremer	nts of section 608.406, lature shall have the san	F.S., and that ne legal effect