

L99000000419

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUN 12 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000000419

1. Limited Liability Company's Name

Spot Investments, LLC

100017318911
04/29/03--01078--001 **300.00

2. Principal Office Address

704 Maritime Way

Suite, Apt. #, etc.

City & State

North Palm Beach, FL

Zip

33410

Country

USA

3. Mailing Office Address

401 Veterans Blvd.

Suite, Apt. #, etc.

102

City & State

Metairie, LA

Zip

70005

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

01-22-99

6. FEI Number

65-0892348

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

David Norris

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

712 U.S. Hwy One

Suite, Apt. #, Etc.

Suite 400

City

North Palm Beach

State

FL

Zip Code

33408

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

6/3/03

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
Member	David R. Burrus	704 Maritime Way	North Palm Beach, FL 33410
Manager	Christopher D. Schott	401 Veterans Blvd. #102	Metairie, LA 70005

REINSTATEMENT 00-63

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

Date

04-15-03

Daytime Phone #

504-212-1692

Typed or printed name of signing Managing Member/Manager

Christopher Schott - Manager of LLC

CR2E041 (10/02)