PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS EOR M

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # L99000000637

1. Limited Liability Company's Name

Oviedo Investment, L.L.C.

02 APR 22 PM 3: 43

SECRETARY OF STATE TALLAHASSEE FLORIDA

l								
Hadle	pal Office Addressc/o Swann & P.A.	3. Mailing	Office Address	A State/Co	untry of Earmatia			
1031 W. Morse Blvd. Suite, Apt. #, etc. Suite 160		Suite, Apt. #, etc.		4. State/Country of Formation Florida 5. Date Organized or Qualified				
City & Stat		City & State		6. FEI Numi	siness in Florida	_2/4/199	Applied	
	Park, FL	ļ		None None	ber		Not App	
Zip	Country	Zip	Country	7.	· .	\$5.00 A	dditional Fee	
32789	USA			CERTIFICA	TE OF STATUS DE		Certificate of S	
	Name Swann & Had	ley, P.A	Name and Address of Current Re				043	<u>.</u> -
	Street Address (P.O. Box Number is Not 1031 W. Morse Blv Suite, Apt. #, Etc.			-	51_11_11_11 -04 	3′5:3:300 + 1/25/020 *** 250,00	10140 ****29	008 00.00
	Suite 160 City Winter Park					ip Code 32789		
Signature of Registered	Agent	GISTERED AG	GENT MUST SIGN		ns of Chapter Date		-	
Titles	Name of Managing Members/ Manage		Street Address of Each Managing Member/Manager			City / State / Zip		
MGRM	Hershey Friedman	· ·- ·	7975 Marco Polo		Montre	al Quebec,	Canada	1
						2 17 500	····	
			RI.	A COLUMN			20°	-
tiling ti all fee:	fy that I am managing member/manager or his reinstatement application the reason for s owed by the limited liability company have nade under oath.	issolution has t	seen eliminated, the limited liability or	mnany name esticf i	es the requireme	608, F.S. I further onts of section 608.40 ature shall have the	06, F.S., and th	iat
Signature o Managing N	of Member/Manager	1	Date_	4-17-02	Daytime Phone #	<u> 514-64</u>	18-817	<u>''</u> [
Typed or pri	inted name of signing Managing Member/M	¹ _{anager} _ H	ershey Fried	nan				ŧ