

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
00 NOV 17 AM 11:05.

DOCUMENT # 499000001163

1. Limited Liability Company's Name

INVESTMENT NETWORK, C.L.C.

2. Principal Office Address

4605 MYLA LANE

Suite, Apt. #, etc.

City & State

WPA, FL.

Zip

33417

Country

USA

3. Mailing Office Address

4605 MYLA LANE

Suite, Apt. #, etc.

City & State

WPA, FL.

Zip

33417

Country

USA

4. State/Country of Formation

FLORIDA USA

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

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

**\$5.00 Additional Fee required
for a Certificate of Status**

REINSTATEMENT 2000

8. Name and Address of Current Registered Agent

Name

PAUL MARTINELLI

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

4605 MYLA LANE

Suite, Apt. #, Etc.

City

West Palm BEACH

State

FL

Zip Code

33407

800003488378

-12/05/00--01113--007

****150.00 ****150.00

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

11/14/00

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	PAUL MARTINELLI	4605 MYLA LANE	West Palm BEACH FL 33407

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

11/14/00

Daytime Phone # 561-640-0043

Typed or printed name of signing Managing Member/Manager

PAUL MARTINELLI