

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # L99000002911

1. Limited Liability Company's Name

URIP INVESTMENTS LLC

2. Principal Office Address

5821 N. Andrews Way

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33309

Country

USA

3. Mailing Office Address

5821 N. Andrews Way

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33309

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

5/20/99

6. FEI Number

65-0920007

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

FILED

2002 OCT 11 PM 1:38

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

100008371111--8

-10/15/02--01025--001

****250.00 ****250.00

8. Name and Address of Current Registered Agent

Name

Corporation Company of Miami

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

201 S. Biscayne Blvd.

Suite, Apt. #, Etc.

Suite 1500 (AGS)

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

REGISTERED AGENT MUST SIGN

Date

9/23/02

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	Mark Berch	5821 N. Andrews Way	Ft. Lauderdale, FL 33309
MGR	Ian Berch	5821 N. Andrews Way	Ft. Lauderdale, FL 33309

REINSTATEMENT

2000-2001-2002

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

10/9/02

Daytime Phone #

954-771-6466

Typed or printed name of signing Managing Member/Manager

Mark Berch

CR2E041 (9/01)

Sunstate Research
Requestor's Name

Address

City/State/Zip Phone #

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. URIP Investments LLC
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in

☐ Pick up time

☐ Certified Copy

☐ Mail out

☐ Will wait

☒ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input checked="" type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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02 OCT 11 AM 9:42
DIVISION OF CORPORATION

Examiner's Initials