

M06000007199

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 JUN 24 PM 3:15
CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M06000007199

1. Limited Liability Company's Name

Lagoinvest Florida Partnership, LLC

07

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #

11755 Wilshire Blvd.

Suite, Apt. #, etc.

10th Floor

City & State

Los Angeles, CA

Zip

Country

90025

USA

3. Mailing Office Address

11755 Wilshire Blvd.

Suite, Apt. #, etc.

10th Floor

City & State

Los Angeles, CA

Zip

Country

90025

USA

4. State/Country of Formation

Delaware

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

December 28, 2006

6. FEI Number

20-2190320

☒ 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

Paracorp Incorporated

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

236 East 6th Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32303

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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 /s/ NINH HO

000132104060

07/03/08-01003-015 **377.50

REGISTERED AGENT MUST SIGN

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
MGRM	Dina Gobuty	29 Darby Court	Scarborough, Ontario, Canada M1B 5H5
MGRM	Jack Schwartz	29 Darby Court	Scarborough, Ontario, Canada M1B 5H5

REINSTATEMENT 2007-2008

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

Dina Gobuty

Date

June 13, 2008

Daytime Phone # 011-972-9-956-8853

Typed or printed name of signing Managing Member/Manager Dina Gobuty