

# M06000007199

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>			<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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FILED  
08 JUN 24 PM 3:15

FLORIDA  
TALLAHASSEE, FLORIDA

DOCUMENT # M06000007199

1. Limited Liability Company's Name

Lagoinvest Florida Partnership, LLC

07

CR2E041 (12/07)

<b>2. Principal Office Address - No P.O. Box #</b> <b>11755 Wilshire Blvd.</b> Suite, Apt. #, etc. <b>10th Floor</b> City & State <b>Los Angeles, CA</b> Zip <b>90025</b> Country <b>USA</b>		<b>3. Mailing Office Address</b> <b>11755 Wilshire Blvd.</b> Suite, Apt. #, etc. <b>10th Floor</b> City & State <b>Los Angeles, CA</b> Zip <b>90025</b> Country <b>USA</b>	
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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 Date **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



Date **June 13, 2008**

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

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