PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

600396788956
10/27/22--01024--002 **138.75

600396788956
10/27/22--01024--001 **100.00
10/27/22--01024--001 **100.00

CR2E041 (1/14)

DOCUMENT #

1. Limited Liability Company's Name

M17000001482
Lind Investment, LLC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
14350 Chrismanrd.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
/	
City & State: Houston Texas	City & State: Houston Texas
Zip: 77039. Country: USA.	Zip: 77039. Country: USA

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida: 2/17/2017

6. FEI Number: ☐ 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: Grean Carlos Fuentes Bonilla.
Street Address (P.O. Box Number is Not Acceptable) Suite: 1602 peach leaf St.
Apt. #, Etc.:
City: Houston Texas. State: FL Zip Code: 77039.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Grean Carlos Fuentes Date: Oct 21-22.
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Pres	Hector Jose Fuentes	5642 terwilliger valley	Houston Texas 77056

11. E-mail Address: mordaz@dnd-co.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member: Date: Oct. 21-22 Daytime Phone #: 832 2489880

Typed or printed name of signing authorized representative/member: Grean Fuentes