

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

9-16-05  
250.00

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 JAN 30 AM 9:10

DOCUMENT # L03000051772

1. Limited Liability Company's Name  
REALTYREMENT LLC

800082904498  
02/05/07--01004--040 \*\*95.00

CR2E041 (8/05)

2. Principal Office Address  
3617 Eagle Nest Court

Suite, Apt. #, etc.

3. Mailing Office Address  
3617 Eagle Nest Court

Suite, Apt. #, etc.

4. State/Country of Formation  
Florida

5. Date Organized or Qualified To Do Business in Florida  
12/10/03

City & State  
Melbourne, FL

City & State  
Melbourne, FL

6. FEI Number  
582678522

Applied For  
Not Applicable

Zip Country  
32904 Brevard

Zip Country  
32904 Brevard

7. CERTIFICATE OF STATUS DESIRED  \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name  
Jonathan M. Shenker

Street Address (P.O. Box Number is Not Acceptable)  
3617 Eagle Nest Court

Suite, Apt. #, Etc.

City  
Melbourne

State Zip Code  
FL 32904

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

Date 12/29/06

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	Jonathan M. Shenker	3617 Eagle Nest Court	Melbourne, FL 32904
MGRM	Sandra P. Shenker	3617 Eagle Nest Court	Melbourne, FL 32904

800082904498  
01/02/07--01037--013 \*\*155.00

REINSTATEMENT 05-07

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 12/29/06

Daytime Phone# 321-544-7363

Typed or printed name of signing Managing Member/Manager

JONATHAN M. SHENKER