

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 AUG 13 AM 9:13

DOCUMENT # **L95-929**

**1. Limited Liability Company's Name**

2R REAL ESTATE, L.C.  
2545 ROYAL PALM WAY  
WESTON, FLORIDA 33327

9/29/00

**2. Principal Office Address**

2545 Royal Palm Way

Suite, Apt. #, etc.

City & State

Weston, Florida

Zip

33327

Country

USA

**3. Mailing Office Address**

2545 Royal Palm Way

Suite, Apt. #, etc.

City & State

Weston, Florida

Zip

33327

Country

USA

**4. State/Country of Formation**  
Florida

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

**6. FEI Number**  
65-0628601

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

Timothy J. Robbie

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

2545 Royal Palm Way

Suite, Apt. #, Etc.

City

Weston

State

FL

Zip Code

33327

**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

Timothy J. Robbie

Date 8/6/01

**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	ROBBIE, TIMOTHY J.	2545 ROYAL PALM WAY	WESTON, FLORIDA 33327
MM	ROBBIE, ANNE	2545 ROYAL PALM WAY	WESTON, FLORIDA 33327
			Rein - 100.00
			2001 - 50.00
			2000 - 50.00
			200.00 up

**REINSTATEMENT**

2000-2001

**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 8/6/01

Daytime Phone #

954-385-8080

Typed or printed name of signing Managing Member/Manager

Timothy J. Robbie

CR2E041 (9/00)