


# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**  
08 JAN -7 AM 10:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L06000116431					
1. Entity Name ZETA REAL ESTATE LLC					
Principal Place of Business C/O GREEN, KAHN & PIOTRKOWSKI, P.A. 317 71ST STREET MIAMI BEACH, FL 33141			Mailing Address C/O GREEN, KAHN & PIOTRKOWSKI, P.A. 317 71ST STREET MIAMI BEACH, FL 33141		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01072008 REIN-LLC CR2E101 (1/07)	
Zip		Country		4. FEI Number	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GREEN KAHN & PIOTRKOWSKI, P.A. 317 - 71 STREET MIAMI BEACH, FL 33141			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 				DATE 1/7/08	
Signature, type or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$377.50</b>				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUGGERI, ROSSANO		NAME		
STREET ADDRESS	CORSO ELVEZIA 25, CH-6901		STREET ADDRESS		
CITY - ST - ZIP	LUGANO, SWITZERLAND,		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
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CITY - ST - ZIP			CITY - ST - ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
<b>REINSTATEMENT 2007-2008</b>					
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 				DATE: 1/7/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				DATE	
				DAYTIME PHONE #	



CORPORATION SERVICE COMPANY

# LOG000116431

ACCOUNT NO. : 072100000032

REFERENCE : 390124 6594A

AUTHORIZATION

~~REINSTATEMENT~~

*Spud Clever*

COST LIMIT

Please give original submission date as file date.

ORDER DATE : January 7, 2008

ORDER TIME : 3:42 PM

ORDER NO. : 390124-005

CUSTOMER NO: 6594A

DOMESTIC FILINGS

*BK*

NAME: ZETA REAL ESTATE LLC

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2008 JAN -7 PM 4:12  
TO AGENCY OF KNOWLEDGE  
SUFFICIENCY OF FILING

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Joyce Markley - Ext# 2930

EXAMINER'S INITIALS \_\_\_\_\_

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