

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # ~~46-80-13454720-2~~

1. Limited Liability Company's Name

REOcar Investments LLC  
# F10000001971

2. Principal Office Address - No P.O. Box #

173 Old San Carlos Blvd - Suite  
Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Ft Myers Beach, FL

City & State

Zip

Country

33981 Lee

Zip

Country

4. State/Country of Formation

Delaware

5. Date Organized or Qualified  
To Do Business in Florida

2010

6. FEI Number

80-0456639

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

E-mail Address:

100215825711  
01703/12--01042--022 \*\*243.75

(To be used for future annual report notices)

8. Name and Address of Current Registered Agent

Name

Mary Adams

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

173 Old San Carlos Blvd.

Suite, Apt. #, Etc.

City

Ft Myers Beach

State

FL

Zip Code

33981

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

Mary Adams

Date

12/15/11

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
1st Pres	M. McNeer	163 Old San Carlos Blvd	Ft Myers Beach, FL 33981

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 808.406, 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. 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 Managing  
Member/Manager

Mary Adams

Date

12/15/11

Daytime Phone #

339-233-8561

Typed or printed name of signing Managing Member/Manager

12/30/11

DIVISION OF CORPORATIONS

*Corrected*  
THIS ENTITY WAS JUST TO A LLC.

CHECK ENCLOSED FOR \$243.75-----

INCLUDING US\$5.00 FOR A CERTIFICATE OF STATUS.

SINCERELY,

*Mary Adams*

REOSCAR INVESTMENTS LLC