

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 AUG 18 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000000197

1. Limited Liability Company's Name

AJV REALTY MANAGEMENT - FLORIDA, L.L.C.

REINSTATEMENT

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 620 Coles Mill Road		3. Mailing Office Address 620 Coles Mill Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Haddonfield NJ		City & State Haddonfield NJ	
Zip 08033	Country USA	Zip 08033	Country USA

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business In Florida 01/03/2000	
6. FEI Number 26-4543280	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		
Name EDWIN F BLANTON		
Street Address (P.O. Box Number is Not Acceptable) 810 THOMASVILLE ROAD		
Suite, Apt. #, Etc.		
City TALLAHASSEE	State FL	Zip Code 32303

E-mail Address: mcarey@ciecka.com
600211208316 08/18/11--01035--016 ***1071.29
(To be used for future annual report notices)

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

[Signature]

Date

8/15/11

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	Vincent J. Ciecka	620 Coles Mill Road	Haddonfield NJ 08033

L. SELLERS

AUG 19 2011

EXAMINER

11. I certify that I am managing member/managers 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 608.408, 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.817.165, F.S.

Signature of Managing
Member/Manager

[Signature]

Date 8/10/11

Daytime Phone # 856-665-5709

Typed or printed name of signing Managing Member/Manager Vincent J. Ciecka