L00000003818

Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

MAYTAG REALTY, LLC

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (12/07)

DOCUMENT # L00000003818

1. Limited Liability Company's Name

Maytag Realty, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
354 NE 1st Avenue		354 NE 1st Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
DelRay Beach, FL		DelRay Beach, FL	
Zip	Country	Zip	Country
33444	USA	33444	USA

4. State/Country of Formation: Florida / USA

5. Date Organized or Qualified To Do Business in Florida: April 4, 2000

6. FEI Number: 22-3723324 ☐ 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: Barbara F. Gustin

Street Address (P.O. Box Number is Not Acceptable): 354 NE 1st Avenue

Suite, Apt. #, Etc.

City: DelRay Beach | State: FL | Zip Code: 33444

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were *not received and requesting the $100 reinstatement be waived.*

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: Barbara F. Gustin Date: 4/22/08
SIGNATURE AND PRINT NAME REQUIRED

10. Name and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr Mem	Mary Smyth	2001 SE Sailfish Pt. Blvd. #315,	Stuart, FL 34996
Mem	Vincent A. Smyth	2001 SE Sailfish Pt. Blvd #315	Stuart, FL 34996
		REINSTATEMENT 03.08	

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: Vincent A. Smyth Date: 4/22/08 Daytime Phone #:

Typed or printed name of signing Managing Member/Manager:

H08000108426 3

BlumbergExcelsior Corporate Services Inc
62 White Street
New York, NY 10013