


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
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 200000007311
1. Limited Liability Company's Name
Real Estate Services, LLC

2. Principal Office Address <u>1634 Main St</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>PO Box 3319</u> Suite, Apt. #, etc.	
City & State <u>Sarasota FL</u>		City & State <u>Sarasota FL</u>	
Zip <u>34236</u>	Country	Zip <u>34230</u>	Country

REINSTATEMENT 2001

4. State/Country of Formation
Sarasota

5. Date Organized or Qualified To Do Business in Florida
6/22/00

6. FEI Number
205-0799108

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
George V. Famiglio JR

Street Address (P.O. Box Number is Not Acceptable)
1634 Main Street

Suite, Apt. #, Etc.

City
Sarasota FL

State
FL

Zip Code
34236

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]

REGISTERED AGENT MUST SIGN

Date
10/29/01

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
<u>Mr</u>	<u>Alvin J Slater</u>	<u>44 Coconut Row Unit B08</u>	<u>Palm Beach FL 33480</u>
<u>Mr</u>	<u>Shirley Slater</u>	<u>44 Coconut Row Unit B08</u>	<u>Palm Beach FL 33480</u>

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
[Signature]

Date
10/26/01

Daytime Phone #
941-950-0775

Typed or printed name of signing Managing Member/Manager
Alvin J. Slater Managing Member

CR2841 (8/01)