

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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FILED

07 APR -4 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (8/05)

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

Whitehall Realty Advisors, LLC

BK

05

2. Principal Office Address

88181 OLD Highway

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

PO BOX 572

City & State

ISLAMORADA, FL

City & State

TAUNTER, FL

Zip

33036

Country

USA

Zip

33070

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

200693363

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

Lawrence N. Rosen, Esq.

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

21170 NE 22 Court

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33180

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

Lawrence N. Rosen

Date

3/31/07

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
Mgr	Pratt, J. Michael	88181 OLD Highway	ISLAMORADA, FL 33036

REINSTATEMENT

2005-2007

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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

John W. Pratt

Date

4/2/07

Daytime Phone #

Typed or printed name of signing Managing Member/Manager