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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 26 PM 4:41

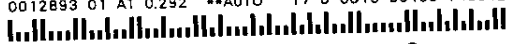
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MMH

1. DOCUMENT # L00000010963

Name and Mailing Address

0012893 01 AT 0.292 **AUTO T7 0 0615 33483-745612



REALTY TRUST I OF FLORIDA, L.L.C.
3900 N. OCEAN BLVD., #1B
GULFSTREAM FL 33483-7456



12/26 2003

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 09/12/2000	
Principal Place of Business 3900 N. OCEAN BLVD., #1B GULFSTREAM FL 33483	3. New Principal Place of Business Address	6. FEI Number 58-2576528	Applied For Not Applicable
City, State, Zip		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 SCHMITZ, KARL M III ESQ 12000 N. DALE MABRY, STE. 264 TAMPA FL 33618	9. Name and Address of New Registered Agent Name ROBERT J. SWEENEY Street Address (P.O. Box Number is Not Acceptable) 3900 N. OCEAN BLVD., #1B City GULFSTREAM FL Zip Code 33483
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10. 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 REQUIRED
REGISTERED AGENT MUST SIGN

Date **12-23-03**

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	SWEENEY, ROBERT J	3623 LATROBE DE., STE. 122	CHARLOTTE NC 28211

100025774724
12/26/03--01062--002 **150.00

REINSTATEMENT 2003

12. 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 REQUIRED

Date **12-17-03**

Daytime Phone # **704-365-2152**

Typed or printed name of signing Managing Member/Manager