

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
JUL 27 AM 11:17
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000012531

1. Limited Liability Company's Name

ROBINS REALTY GROUP, LLC

02

hsk

2. Principal Office Address

8285 SOUTHWEST 54TH AVE.

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33143

Country

US

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA

**5. Date Organized or Qualified
To Do Business in Florida**

10/16/2000

6. FEI Number

550901005

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

CORPORATION SERVICE COMPANY

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

1201 HAYS STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

100057983831

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

**Brian Courtney
Asst. V. Pres.**

Date

7/27/05

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
mgrm	Ann Marie Robins	8285 SW 54th Avenue	Miami, FL 33143
mgrm	Gladys Rustan Hernando	5760 La Gorce Drive	Miami, Beach, FL 33140

REINSTATEMENT 2002-2005

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

AM Robins

Date

7/13/05

Daytime Phone #

305 740 9222

Typed or printed name of signing Managing Member/Manager

AM ROBINS

CR2E041 (10/02)



CORPORATION SERVICE COMPANY

L00000012531

ACCOUNT NO. : 072100000032

REFERENCE : 489157 7227068

AUTHORIZATION :

Patricia T. Tzitzis

COST LIMIT : \$ 300.00

ORDER DATE : July 18, 2005

ORDER TIME : 10:14 AM

ORDER NO. : 489157-005

CUSTOMER NO: 7227068

CUSTOMER: Ms. Ann Marie Robins
Ms. Ann Marie Robins
8285 Sw 54th Ave.

Miami, FL 33143

DOMESTIC FILINGS

NAME: ROBINS REALTY GROUP, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext# 2914

EXAMINER'S INITIALS _____

FILED
05 JUL 27 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
05 JUL 27 AM 10:49
DEPARTMENT OF STATE
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