

# LO1000002908

PLEASE PRINT ALL INFORMATION BEING RECORDED IN THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 MAY -5 PM 3:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # LO1000002908

1. Limited Liability Company's Name

Nationwide Real Estate Services, LLC

10/4/02

2. Principal Office Address

6220 S. Orange Blossom Tr.

Suite, Apt. #, etc.

516

City & State

Orlando, FL

Zip

32809

Country

Orange

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified  
To Do Business in Florida

2/23/01

6. FEI Number

51-0009810

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

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

5/5/04

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip |
|--------|--------------------------------------|---------------------------------------------------|--------------------|
| MEM    | James R. Usher                       | HC1 Box 512A                                      | Lakeland, PA 18438 |
| MEM    | Thomas D. Bottick                    | 2203 Stillington                                  | Orlando, FL 32835  |
|        |                                      |                                                   |                    |
|        |                                      |                                                   |                    |
|        |                                      |                                                   |                    |
|        |                                      |                                                   |                    |
|        |                                      |                                                   |                    |

**REINSTATEMENT**

2002-2004

500035527395

(PK)

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 608.408, 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

Date

4/29/04

Daytime Phone #

407 240 3890

Typed or printed name of signing Managing Member/Manager

Thomas Bottick

CR2E041 (1/002)



CORPORATION SERVICE COMPANY

# L010000002908

ACCOUNT NO. : 072100000032

REFERENCE : 605353 7252115

AUTHORIZATION :

COST LIMIT : \$ 250.00

*Patricia Pardo*

ORDER DATE : April 30, 2004

ORDER TIME : 9:27 AM

ORDER NO. : 605353-005

CUSTOMER NO: 7252115

CUSTOMER: Mr. Thomas D. Botlick  
Mr. Thomas D. Botlick  
7725 Murcott Circle

Orlando, FL 32835

*BK*

**FILED**  
04 MAY -5 PM 3:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: NATIONWIDE REAL ESTATE  
SERVICES, LLC

**RECEIVED**  
04 MAY -5 AM 10:41  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

*AK*

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan

EXAMINER'S INITIALS \_\_\_\_\_