

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

DIVISION OF CORPORATIONS

1. DOCUMENT # L01000009629

Name and Mailing Address

02 DEC 17 PM 4:48

SECRETARY OF STATE
TALLAHASSEE FLORIDA

0010530 01 FP 0,352 **PRSRT H9 0 0615 34712-055050



TOTAL REAL ESTATE DEVELOPMENT, LLC
P.O.BOX 120550
CLERMONT FL 34712-0550

AMM



12/17 2002

CR2F084 (8/02)

2. New Mailing Address City, State, Zip: _____		4. State/Country of Formation <div style="text-align: center; font-size: 1.2em;">FL</div>	
Principal Place of Business 10429 LAKE LOUISA ROAD CLERMONT FL 34771		5. Date Organized or Qualified To Do Business in Florida <div style="text-align: right;">06/15/2001</div>	
3. New Principal Place of Business Address PO Box 120550 City, State, Zip Clermont FL 34712		6. FEI Number <div style="font-size: 1.2em;">59 3723113</div> <div style="text-align: right;"> <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable </div>	
8. Name and Address of Current Registered Agent JAKOB, KEVIN E JR. 10429 LAKE LOUISA ROAD CLERMONT FL 34771		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status 9. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <div style="float: right;"> <div style="text-align: center; font-size: 1.2em;">FL</div> <div style="text-align: right;">Zip Code _____</div> </div>	
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: _____ Date: 12-12-02 <div style="text-align: center; margin-top: 5px;">REGISTERED AGENT MUST SIGN</div>			
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
m	Jakob, Kevin E	10429 Lake Louisa Rd	Clermont FL 34711
m	Agard-Ryan, Linda	17312 Summer Sun Ct	Clermont FL 34711

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

Date 12-12-02 Daytime Phone # 352-394-4237

Typed or printed name of signing Managing Member/Manager

Kewin Takah