03/13/03 11:00 FAX 002

2002-2003

L01000011490

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

(((H03000079334 6)))

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF State

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000011490

1. Limited Liability Company's Name
EWING REALTY, LLC

2. Principal Office Address	3. Mailing Office Address
7918 N. Tamiami Trail	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sarasota, FL	City & State
Zip: 34234 Country: Manatee	Zip Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: July 13, 2001

6. FEI Number: 65-1120502 ☐ 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: Robert A. Ewing

Street Address (P.O. Box Number is Not Acceptable): 7918 N. Tamiami Trail

Suite, Apt. #, Etc.:

City: Sarasota State: FL Zip Code: 34234

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 _____ Date 3-11-03

REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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	Robert A. Ewing	7918 N. Tamiami Trail	Sarasota, FL 34234

REINSTATEMENT 2002-2003

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 _____ MANAGING MEMBER Date 3-11-03 Daytime Phone # 860-324-4864

Typed or printed name of signing Managing Member/Manager: Robert A. Ewing, Managing Member

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FILED
03 MAR 13 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

EWING REALTY, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$205.00