PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
2004 NOV 17 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000012321

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10/18/04--01072--002 **150.00

1. Limited Liability Company's Name
MILLENIA REALTY CO., LLC

2. Principal Office Address	3. Mailing Office Address
1834 NE 34TH STREET	1834 NE 34TH STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OAKLAND PARK, FLORIDA	City & State: OAKLAND PARK, FLORIDA
Zip: 33306 Country: BROWARD	Zip: 33306 Country: BROWARD

4. State/Country of Formation: FLORIDA
5. Date Organized or Qualified To Do Business in Florida: 06/25/01
6. FEI Number: 65-1148468 ☐ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☑

8. Name and Address of Current Registered Agent
Name: LEONA J RAY
Street Address (P.O. Box Number is Not Acceptable): 4321 NW 7TH STREET
Suite, Apt. #, Etc.:
City: PLANTATION State: FL Zip Code: 33317

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: Leona J Ray (REGISTERED AGENT MUST SIGN) Date: 10/13/04

CR2E041 (10/02)

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	THOMAS EBERLE	1834 NE 34TH STREET	OAKLAND PARK, FL 33306
MGR	DEAN EBERLE DE	4331 NE 18TH AVE	OAKLAND PARK, FL 33334
MGR	KRISTINE EBERLE KE	4331 NE 18TH AVE	OAKLAND PARK, FL 33334
		REINSTATEMENT 04	

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: [signature] Date: 10/13/04 Daytime Phone #: 954-816-6248

Typed or printed name of signing Managing Member/Manager: THOMAS EBERLE, MGR