PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED JUN 30 AN 8:30 **DIVISION OF CORPORATIONS** SECRETARY OF STATE DOCUMENT # 4 01000014700 TALLAHASSEE, FLORIDA TRESIDENTIAL WAY REALTY, LLC 200019188852 06/30/03--01018--003 \*\*50.00 3. Mailing Office Address
N. BEVETTE MANCO - REPROST 2. Principal Office Address
Willow PECUNIES 4. State/Country of Formation FLORION Suite, Apt. #, etc.
IN 8 PUESIDEN TIPE WAY Suite, Apt. #, etc.
7775. OYSTOL BAY RD. City & State

RETHPAGE, NY West PAIN BEACH, FL Not Applicable \$5.00 Additional Fee required for a Certificate of Status 33401 CERTIFICATE OF STATUS DESIRED 🔲 8. Name and Address of Current Registered Agent RON PECUNIES Street Address (P.O. Box Number is Not Acceptable)
1928 PRESIDENTIAL WAY 200013188852 05/16/03--01075--010 \*\*150 00- . Suite, Apt. #, Etc. State Zip Code 3340/ FI 9. I, being appointed the registe To named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S 05/02/03 Signature of Registered Agent REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Name of Managing Members/Managers Street Address of Each Managing Member/Manager Titles City / State / Zip W. PALABERKH, FL 33401 1928 MESIDENTIAL WAY YON PECUMES MORM of the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608,406, F.S., and that been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect 11. I certify that I am managing member/manager of filing this reinstatement application the reason to all fees owed by the limited liability company have as if made under oath. Signature of Managing Member/Manager

Typed or printed name of signing Managing Member/Manager