L01000020128

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 APR -3 PM 4:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

CR2E041 (1/07)

DOCUMENT # L01000020128

1. Limited Liability Company's Name
Real Estate Investment Associates, LLC

05

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
4209 Cameron Oaks Dr.		4209 Cameron Oaks Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Charlotte, NC		Charlotte, NC	
Zip	Country	Zip	Country
28211	USA	28211	USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
11/20/2001

6. FE Number ☐ 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
Stephen L. Kussner, Esq.

Street Address (P.O. Box Number is Not Acceptable)
201 N. Franklin Street

Suite, Apt. #, Etc.
Suite 2200

City	State	Zip Code
Tampa	FL	33602

☒ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent _____ Date 3/30/07
REGISTERED AGENT MUST SIGN

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
MGRM	Jon S. Jenrette	4209 Cameron Oaks Dr.	Charlotte, NC 28211
			100095014191 04/06/07--01052--020 **50.00
		REINSTATEMENT 2005-2007	
			100095014191 04/06/07--01052--021 **100.00

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 605, F.S. I further certify that upon filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name complies as the requirements of section 605.0108, F.S., and that all taxes owed by the limited liability company have been paid. The information I have given 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 Jon S. Jenrette Date 03/30/07 Daytime Phone # 704.926.0777

Typed or printed name of signing Managing Member/Manager Jon S. Jenrette