2009 LIMITED LIABILITY COMPANY REINSTATEMENT

KEINSTATEMENT					FIL	ED	
DOCUMENT # L02000001254					1-11-	EU	
HEATHROW REALTY, L.L.C.					2009 JUL 15		
Principal Place of Business	Mailing Address			1 .	SECRETARY ALLAHASSE	OF STATE	
1275 LAKE HEATHROW LANE 1275 LAKE HEATHROW L HEATHROW, FL 32746 HEATHROW, FL 32746						N 8861 8868 4866 (88, 80)) 5,88	
Principal Place of Business - No P O Box # 3. Mailing Address							
Suite, Apt. #, etc. Suite, Apt. #, etc			03102009 REIN-LLC CR2E101 (1/07)				
City & State City & State			4. FEI Number Applied For 59-3381819 Not Applicable				
Zip Country	Zip	Countr	у	5. Certificate of Status Desired S5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
ROECKER, R PAUL 1275 LAKE HEATHROW LANE LAKE MARY, FL 32746			Name Street Address (APOST P.O. Box Numit 1275 L	OLICAS (per is Not Acceptable a Ke Heat	GEORGE P hrow Lanc	
- Aller and - Pro-				tea thr			746
 The above named entity submits this statement the obligations of registered agent. ` 	for the purpose of changing its	registered	d office or register	ed agent, or be		,	nd accept
SIGNATURE Signature, typed or printed name of registered as	en and trip it applicable (NOTI	E: Registered	Agent signature requir	ed when reinstating	<u> </u>	05/01/09 DATE	
In accordance with s. 607.193(2)(b). F.: liability company did not receive the pri			3(2)(b), F.S., the eive the prior not	e limited tice.		e check payable to Department of State	
9. MANAGING MEM	BERS/MANAGERS	10.			ADDITIONS/	CHANGES	
TITLE MGRM	→□ Delete	TITLE		••		☐ Change	Addition
WAME HEATHROW LAND COMPANY LIMITED PARTNERSHIP STREET ADDRESS 1275 LAKE HEATHROW LANE HEATHROW, FL 32746			I ADDRESS ST-ZIP				
TITLE MGRS	MGRS Delete TI					☐ Change	Addition
NAME MILLSAP, JOSEPH B				200155461852 05/05/0901039007 **138.75			
SIREET ADDRESS 1275 LAKE HEATHROW LANE HEATHROW, FL 32746				05/05/0901039007 **138.75			
IIILE	☐ Delete III					☐ Change	Addition
STREET ADDRESS			ADDRESS ST-ZIP	05/01/08-90037-016-\$138.75			
TITLE	☐ Delete	TITLE		, ,		☐ Change	Addition
NAME STREET ADDRESS		NAME	ADDRESS				
CITY-S1-ZIP	_	CITY-S					
TITLE	☐ Delete	TITLE				Change	Addition
STREET ADDRESS			ADDRESS				
CITY-SI-ZIP		CITY - S	T-ZIP		TOTAL AT	~ \ T'T'	
TITLE	☐ Delete	TITLE	BEI	NST A	TEVII		A dition
NAME STREET ADDRESS		NAME STREET	ADDRESS	· • -		(1)1	[hX]
CITY-ST-ZIP		CITY-S	1				الاعلا
11. Thereby certify that the information supplied w	ith this filing does not qualify for	the exem	ptions contained i	n Chapter 119,	Florida Statutes. I fur	ther certify that the inform	nation
indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.							
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Dayloru Phone #							