

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000013597

1. Limited Liability Company's Name

Real Transactions Group, LLC

400024388734
11/03/03--01101--013 **155.00

2. Principal Office Address

2963 Dupont Avenue

Suite, Apt. #, etc.

Suite 1

City & State

Jacksonville, FL

Zip

32217

Country

USA

3. Mailing Office Address

2963 Dupont Avenue

Suite, Apt. #, etc.

Suite 1

City & State

Jacksonville, FL

Zip

32217

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

June 4, 2002

6. FEI Number

71-0887844

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 L. Miller, Jr.

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

6939 Salamanca Ave.

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32217

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

10/30/03

REGISTERED AGENT MUST SIGN

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
MM	Robert L. Miller, Jr	6939 Salamanca Ave.	Jacksonville, FL 32217

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

Date

10/30/03

Daytime Phone

(904) 733-2289

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)