

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 11 AM 9:25

DOCUMENT # L02000015729

1. Limited Liability Company's Name

MAXMAR REALTY, LLC

12/07/06--01033--004--\$300.00

CR2E041 (8/05)

2. Principal Office Address

721 NE MORNINGSIDE DR

Suite, Apt. #, etc.

3. Mailing Office Address

721 NE MORNINGSIDE DR

Suite, Apt. #, etc.

4. State/Country of Formation

USA

5. Date Organized or Qualified
To Do Business in Florida

06/21/02

6. FEI Number

56-2283553

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

City & State

BOCA RATON, FL

Zip
33487

Country

USA

City & State

BOCA RATON, FL

Zip
33487

Country

USA

8. Name and Address of Current Registered Agent

Name

Jean Luc ANDRIOT

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

721 NE MORNINGSIDE DR.

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33487

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

REGISTERED AGENT MUST SIGN

Date 12/06/06

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
mgr.	Jean-Luc ANDRIOT	721 NE MORNINGSIDE DR	BOCA RATON, FL 33487

REINSTATEMENT 03-06

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 12/06/06

Daytime Phone # 561-213 9008

Typed or printed name of signing Managing Member/Manager

Jean-Luc ANDRIOT