

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SEC.  
TIVISION  
STATE  
NOTICES  
06 FEB 20 AM 9:19

DOCUMENT # L02000017391  
1. Limited Liability Company's Name  
Buckeye Real Estate Investments LLC

2. Principal Office Address  
1765 Annandale Circle  
Suite, Apt. #, etc.  
City & State FL  
Royal Palm Beach  
Zip 33411 Country USA

3. Mailing Office Address  
Post Office Box 1450  
Suite, Apt. #, etc.  
City & State FL  
Loxahatchee  
Zip 33470 Country USA

400067311334  
03/07/06--0102E04108705)\*\*305.00

4. State/Country of Formation  
FI/USA

5. Date Organized or Qualified To Do Business in Florida  
7-11-02

6. FEI 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 Nancy J. Dhonau  
Street Address (P.O. Box Number is Not Acceptable)  
1765 Annandale Circle  
Suite, Apt. #, Etc.  
City Royal Palm Beach State FL Zip Code 33411

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 Nancy J. Dhonau  
REGISTERED AGENT MUST SIGN

Date 2/15/2006

**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
<u>M</u>	<u>Nancy J. Dhonau</u>	<u>1765 Annandale Circle</u>	<u>Royal Palm Bch FL 33411</u>
	<u>This is a single member LLC</u>		

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 Nancy J. Dhonau Date 2/15/2006 Daytime Phone # 954-295-5920  
Typed or printed name of signing Managing Member/Manager Nancy J. Dhonau