

LO2000018586

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUL 16 PM 2:38

DOCUMENT # **LO2000018586**

1. Limited Liability Company's Name

REAL ESTATE PROPERTY INVESTOR, L.L.C.

000039260030
07/16/04--01029--007 **900.00

2. Principal Office Address

16500 S.W. 173 AVE

Suite, Apt. #, etc.

City & State

Miami FL

Zip Country

33187

3. Mailing Office Address

16500 SW 173 AVE

Suite, Apt. #, etc.

City & State

Miami FL

Zip Country

33187

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

7/23/2002

6. FEI Number

33-1024770

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

206 PIZARRA

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

16500 SW 173 AVE

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33187

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

[Signature]

Date

7/15/04

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
MEM	206 PIZARRA	16500 SW 173 AVE	Miami FL 33187
			FF \$200.00 OP 700.00
		REINSTATEMENT	2003-2004
			left 7/16

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

[Signature] **206 PIZARRA, MANAGING MEMBER** Date **7/15/04**

Daytime Phone #

305-969-0077

Typed or printed name of signing Managing Member/Manager

206 PIZARRA, MANAGING MEMBER

CR2E041 (10/02)