

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L02000018655

1. Entity Name
RE DEVELOPMENT INVESTMENTS, L.L.C.



FILED

2008 DEC 30 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
C/O SAMUEL BLOCK, P.A.
21 ROYAL PALM POINTE SUITE 100
VERO BEACH, FL 32960

Mailing Address
C/O SAMUEL BLOCK, P.A.
21 ROYAL PALM POINTE SUITE 100
VERO BEACH, FL 32960

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

12152008 REIN-LLC CR2E101 (1/07)

4. FEI Number
13-4207300

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZANA, YANE F
66 N ATLANTIC AVE, SUITE #205
COCOA BEACH, FL 32931

Name Zana, Yane F.

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

956 Surf Lane

City Vero Beach

FL

Zip Code 32963

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12/23/08

FILE NOW!!! FEE IS \$238.75
After January 1, 2009, Fee will be \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE P
NAME ZANA, YANE ☐ Delete
STREET ADDRESS 21 ROYAL PALM POINTE SUITE 100
CITY-ST-ZIP VERO BEACH, FL 32960

TITLE ☐ Change ☐ Addition
NAME 900139356493
STREET ADDRESS 12/30/08--01035--022 **238.75
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

12/23/08