

# 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
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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12152008 REIN-LLC CR2E101 (1/07)

4. FEI Number <b>13-4207300</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

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] (NOTE: Registered Agent signature required when reinstating) DATE 12/23/08

<b>FILE NOW!!! FEE IS \$238.75</b> After January 1, 2009, Fee will be \$377.50	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZANA, YANE 21 ROYAL PALM POINTE SUITE 100 VERO BEACH, FL 32960 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>900139356493</b> <b>12/30/08--01035--022 **238.75</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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] 12/23/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #