

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT OF STATUS
L02000024834
Linda E. Hood
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

1. DOCUMENT # L02000024834

Name and Mailing Address

0006241 01 AT 0.292 **AUTO T4 0 0615 33140-325582



REALTY SOLUTIONS GROUP, L.L.C.
4779 COLLINS AVE. APT. 2307
MIAMI BEACH FL 33140-3255

03 DEC -1 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 09/23/2002	
Principal Place of Business 4779 COLLINS AVE. APT. 2307 MIAMI BEACH FL 33140	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 56-2296616	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent ELIAS, BRIAN 4779 COLLINS AVE. APT. 2307 MIAMI BEACH FL 33140		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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10. 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] **SIGNATURE REQUIRED** Date 11/15/03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Paul Zuckerman	4779 Collins Ave, Suite 2307	Miami Beach FL 33140

300025130233
12/01/03--01089--015 **150.00

REINSTATEMENT 2002

12. 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] **SIGNATURE REQUIRED** Date 11/15/03 Daytime Phone # 305-695-7700

Typed or printed name of signing Managing Member/Manager Brian Elias