PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2004 JUL 15 P 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000027018

1. Limited Liability Company's Name
L.A.B. REAL ESTATE INVESTMENT GROUP, L.L.C.

2. Principal Office Address	3. Mailing Office Address
4910 Tamiami Trail N	4910 Tamiami Trail N
Suite, Apt. #, etc.: 118	Suite, Apt. #, etc.: 118
City & State: Naples, FL	City & State: Naples, FL
Zip: 34103 Country: USA	Zip: 34103 Country: USA

4. State/Country of Formation:

5. Date Organized or Qualified To Do Business in Florida: 10/14/2002

6. FEI Number: 52-2386522 — 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: Leon Bercovici
500039252165
07/16/04 01046-003 **200.00
Street Address (P.O. Box Number is Not Acceptable): 4910 Tamiami Trail N
Suite, Apt. #, Etc.: 118
City: Naples State: FL Zip Code: 34103

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: _____ Date: 7.14.04
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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
Manager	Leon Bercovici	4910 Tamiami Trail N	Naples / FL / 34103
		REINSTATEMENT	03-04

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: _____ Date: 7.14.04 Daytime Phone #: 239-263-4346

Typed or printed name of signing Managing Member/Manager: LEON BERCOVICI