

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 OCT 29 PM 5:19

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT #** 62000027931

**1. Limited Liability Company's Name**

ROSS REAL ESTATE, LLC

**2. Principal Office Address**

800 W. CYPRESS CREEK

Suite, Apt. #, etc.

500

City & State

FT. LAUDERDALE, FL

Zip

33309

Country

USA

**3. Mailing Office Address**

800 W. CYPRESS CREEK

Suite, Apt. #, etc.

500

City & State

FT. LAUDERDALE, FL

Zip

33309

Country

USA

**4. State/Country of Formation**

FLORIDA

**5. Date Organized or Qualified  
To Do Business in Florida**

10/21/2002

**6. FEI Number**

☒ 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

GINI ROSS

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

800 W. CYPRESS CREEK ROAD

Suite, Apt. #, Etc.

500

City

FT. LAUDERDALE

State

FL

Zip Code

33309

**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

REGISTERED AGENT MUST SIGN

Date

10/27/02

**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
MGRM	CALVIN ROSS	800 W. CYPRESS CREEK RD	FT. LAUDERDALE, FL 33309

**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

*Cal*

Date

10/27/02

Daytime Phone #

954-958-8010

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)