

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

|  |   |  |
|--|---|--|
| <b>LIMITED LIABILITY<br/>COMPANY<br/>REINSTATEMENT</b> |  | <b>FLORIDA DEPARTMENT OF STATE<br/>Secretary of State<br/>DIVISION OF CORPORATIONS</b> |
|--|---|--|

DOCUMENT # L03000007341

1. Limited Liability Company's Name

EQUAL REALTY, LLC

2. Principal Office Address - No P.O. Box #

3901 NW 79TH AVE

Suite, Apt. #, etc.

251

City & State

DORAL, FL

Zip

33166

Country

USA

3. Mailing Office Address

3901 NW 79TH AVE

Suite, Apt. #, etc.

251

City & State

DORAL, FL

Zip

33166

Country

USA

FILED  
2008 OCT 29 PM 2:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000137422830  
10/29/08--01024--008 \*\*282.50

CR2E041 (10/08)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

02/28/2003

6. FEI Number

65-1195019

☐ 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

BARBARA E LLERENA

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

3901 NW 79TH AVE

Suite, Apt. #, Etc.

251

City

DORAL

State

FL

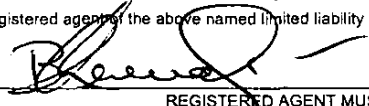
Zip Code

33166

☒ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

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

10/27/08

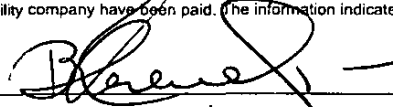
10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| MGM    | BARBARA E LLERENA                    | 3901 NW 79TH AVE #251                             | DORAL, FL 33166    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

REINSTATEMENT-07-08

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

10/27/08

Daytime Phone # 305-596-5655

Typed or printed name of signing Managing Member/Manager

BARBARA E LLERENA