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JULIEAULT

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Division of Corporations

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L03000015378

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LIMITED LIABILITY REINSTATEMENT

WALKABOUT RESIDENTIAL COMPANY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$238.75

100.00
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LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L03000015378

1. Limited Liability Company's Name

WALKABOUT RESIDENTIAL COMPANY, LLC

CR2E041 (10/08)

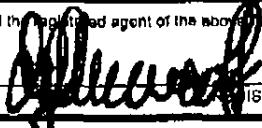
2. Principal Office Address - No P.O. Box # 1062 CORAL RIDGE DRIVE Suite, Apt. #, etc.		3. Mailing Office Address 7 CORPORATE PLAZA Suite, Apt. #, etc.		4. State/Country of Formation FLORIDA	
City & State CORAL SPRINGS, FL		City & State NEWPORT BEACH, CA		5. Date Organized or Qualified To Do Business in Florida 4-29-03	
Zip 33071	Country	Zip 92660	Country USA	6. FEI Number 27-0058577	
				7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status	

B. Name and Address of Current Registered Agent

Name IGOR M. OLENICOFF		
Street Address (P.O. Box Number is Not Acceptable) 1062 CORAL RIDGE DRIVE		
Suite, Apt. #, Etc.		
City CORAL SPRINGS	State FL	Zip Code 33071

☐ 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

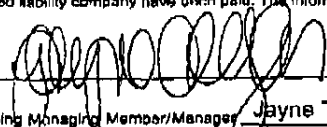
Date 1-9-09

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	SECURED HOLDINGS, INC.	8620 Peace Way	Las Vegas, NV 89107

REINSTATEMENT

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 605.406, 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 1-9-09

Daytime Phone # 702.221.7884

Typed or printed name of signing Managing Member/Manager Jayne Taylor, Vice President, Secured Holdings, Inc.