L03000015378

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LIMITED LIABILITY REINSTATEMENT

WALKABOUT RESIDENTIAL COMPANY, LLC

Certificate of Status	0
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Page Count	01
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000015378

1. Limited Liability Company's Name

WALKABOUT RESIDENTIAL COMPANY, LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1062 CORAL RIDGE DRIVE		7 CORPORATE PLAZA	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
CORAL SPRINGS, FL		NEWPORT BEACH, CA	
Zip	Country	Zip	Country
33071		92660	USA

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business In Florida 4-29-03

6. FEI Number
27-0058577
☐ 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
IGOR M. OLENICOFF

Street Address (P.O. Box Number is Not Acceptable)
1062 CORAL RIDGE DRIVE

Suite, Apt. #, Etc.

City	State	Zip Code
CORALSPRINGS	FL	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 _____ Date 1-9-09
REGISTERED AGENT MUST SIGN

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	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 608.408, 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 # 702.221.7684

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