

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

SEP 22 AM 10:06

DOCUMENT # L03000020696

1. Limited Liability Company's Name

Invest Real Estate, LLC
3691 Webber Street
Sarasota, FL 34232

2. Principal Office Address

3691 Webber Street

Suite, Apt. #, etc.

City & State

Sarasota

Zip

34232

Country

Sarasota

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E041. (8/05)

4. State/Country of Formation

Florida

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

June 9, 2003

6. FEI Number

651192174

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

Steven Bovio

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

3691 Webber Street

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34232

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

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
M	Steven Bovio	1739 Hyde Park Street	Sarasota, FL 34239
			200080460318 10/04/06--01037--001 **150.00

REINSTATEMENT 04-06

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

9/14/06

Daytime Phone #

94922020

Typed or printed name of signing Managing Member/Manager