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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

2005 APR 13 A 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000023091

1. Limited Liability Company's Name
American Realty Investors, LLC

2. Principal Office Address	3. Mailing Office Address
2630 Hollywood Blvd	2630 Hollywood Blvd
Suite, Apt. #, etc. Suite 100B	Suite, Apt. #, etc. Suite 100B
City & State Hollywood, Florida	City & State Hollywood, Florida
Zip 33020 / Country USA	Zip 33020 / Country USA

4. State/Country of Formation: Florida/USA

5. Date Organized or Qualified To Do Business in Florida: 06/24/2003

6. FEI Number: 56-2371073 ☑ 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: Robert K. Brooks

Street Address (P.O. Box Number is Not Acceptable): 2630 Hollwood Blvd

Suite, Apt. #, Etc.: Suite 100B

City: Hollywood, Florida | State: FL | Zip Code: 33020

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 04/13/2005

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
MGR	Robert K. Brooks	2630 Hollwood Blvd	Hollywood, FL 33020

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 04/13/2005 Daytime Phone # 954-921-2320

Typed or printed name of signing Managing Member/Manager: Robert K. Brooks

H05000091012 3

Division of Corporations

H05000091012 3

Florida Department of State

Division of Corporations

Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : ROBERT K. BROOKS, PLC
Account Number : I20020000038
Phone : (954)458-2300
Fax Number : (954)458-0024

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LIMITED LIABILITY REINSTATEMENT

AMERICAN REALTY INVESTORS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$200.00

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DIVISION OF CORPORATION

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