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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

**FILED**

10 MAR 31 PM 4:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L03000034603**

1. Limited Liability Company's Name  
**REALLEGAL HOLDINGS, LLC**

900172439419  
03/17/10--01037--010 \*\*238.75  
CR2E041 (1/709)

2. Principal Office Address - No P.O. Box # <b>2330 PONCE DE LEON BLVD.</b>		3. Mailing Office Address	
Suite, Apt. #, etc. <b>SUITE 201</b>		Suite, Apt. #, etc.	
City & State <b>CORAL GABLES, FL</b>		City & State	
Zip <b>33134</b>	Country <b>US</b>	Zip	Country

4. State/Country of Formation <b>FL</b>	
5. Date Organized or Qualified To Do Business in Florida <b>09/12/2003</b>	
6. FEI Number <b>202750101</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name  
**ACG REGISTERED AGENTS, LLC**

Street Address (P.O. Box Number is Not Acceptable)  
**2330 PONCE DE LEON BLVD.**

Suite, Apt. #, Etc.  
**SUITE 201**

City  
**CORAL GABLES**

State  
**FL**

Zip Code  
**33134**

☒ 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 **[Signature]** Date **3/16/10**

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
MBR	<b>RONIEL RODRIGUEZ, IV</b>	<b>2330 PONCE DE LEON BLVD SUITE 201</b>	<b>CORAL GABLES, FL 33134</b>
MBR	<b>BENJAMIN R. ALVAREZ</b>	<b>2330 PONCE DE LEON BLVD. SUITE 201</b>	<b>CORAL GABLES, FL 33134</b>
<p>900172439419 04/02/10--01002--008 **177.50</p> <p><b>JB</b></p> <p><b>REINSTATEMENT 2008-10</b></p>			

11. E-mail Address: **JOQUINTANA@ACGLEGAL.COM**

(To be used for future annual report notifications)

12. 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 **[Signature]** Date **3/16/10** Daytime Phone # **305.444.5885**

Typed or printed name of signing Managing Member/Manager



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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FILED

10 MAR 31 PM 4:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

March 22, 2010

REALEGAL HOLDINGS, LLC  
2330 PONCE DE LEON BLVD. SUITE 201  
CORAL GABLES, FL 33134

SUBJECT: REALEGAL HOLDINGS, LLC  
Ref. Number: L03000034603

We have received your document for REALEGAL HOLDINGS, LLC and your check(s) totaling \$238.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2008 through 2010; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$416.25.

We need an additional check in the amount of \$177.50

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan  
Regulatory Specialist II

Letter Number: 310A00007005