



# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 MAY -1 AM 10:07

|  |   |  |  |  |  |
|--|---|--|--|--|--|
| <b>DOCUMENT # L03000041755</b><br>1. Entity Name<br>12 COURT LLC   |   |  |  |   |  |
| Principal Place of Business<br>3325 HOLLYWOOD BLVD<br>#401<br>HOLLYWOOD, FL 33021 US   |   |  | Mailing Address<br>3325 HOLLYWOOD BLVD<br>#401<br>HOLLYWOOD, FL 33021 US   |  |  |
| 2. Principal Place of Business<br>540 NW 165 <sup>th</sup> STREET ROAD<br>Suite, Apt. #, etc.<br>#310<br>City & State<br>Miami, FL<br>Zip<br>33169<br>Country<br>USA   |   | 3. Mailing Address<br>540 NW 165 <sup>th</sup> STREET ROAD<br>Suite, Apt. #, etc.<br>#310<br>City & State<br>Miami, FL<br>Zip<br>33169<br>Country<br>USA |  |  |  |
| 03242006 REIN-LLC CR2E101 (11/05)  |   |  |  | 4. FEI Number<br>80-0080710  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required   |   |  |  | Applied For<br>Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><br>DOMUS INVESTMENT GROUP LLC<br>3325 HOLLYWOOD BLVD.<br>#401<br>HOLLYWOOD, FL 33021   |   |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |  |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  |   |  |  |  |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |   |  |  |  |  |
| <b>FILE NOW!!! FEE IS \$100.00</b>   |   | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.   |  | Make check payable to<br>Florida Department of State                               |  |
| 9. MANAGING MEMBERS/MANAGERS   |   |  | 10. ADDITIONS/CHANGES  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>DOMUS INVESTMENT GROUP, LLC<br>3325 HOLLYWOOD BLVD, #401<br>HOLLYWOOD, FL 33021 | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | 540 NW 165 <sup>th</sup> STREET ROAD #310<br>Miami, FL 33169                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | 05/04/05-90044-041- \$50.00  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | 600075295186<br>05/26/06--01003--010 **\$50.00                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | 500075295186<br>04/25/06--00275--010 **\$50.00                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | REINSTATEMENT 05-06  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |   |  |  |  |  |
| SIGNATURE: _____<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |   |  | 3/24/06 (305) 944-8844<br>Date Daytime Phone #   |  |  |