


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 13 MAY -3 PM 2:09 400246581104 04/09/13--01002--007 **1432.50 CR2E041 (1/11)	
DOCUMENT # L03000046242					
1. Limited Liability Company's Name Fitzgerald Family Realty, LLC					
2. Principal Office Address - No P.O. Box # 1945 19th Street Suite, Apt. #, etc.		3. Mailing Office Address PO Box 411 Suite, Apt. #, etc.		4. State/Country of Formation FLORIDA	
City & State BOCA GRANDE, FL		City & State YARMOUTH, ME		5. Date Organized or Qualified To Do Business in Florida 11/19/2003	
Zip 33921	Country USA	Zip 04096	Country USA	6. FEI Number 20-0455245	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status					
8. Name and Address of Current Registered Agent Name JUDY D. MORRISON Street Address (P.O. Box Number is Not Acceptable) #7 Peekins Cove Suite, Apt. #, Etc. City BOCA GRANDE State FL Zip Code 33921				E-mail Address: PeterFitzme@gmail.com (To be used for future annual report notices)	
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 Judy D. Morrison Date 3/25/2013 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	RICHARD P.C. FITZGERALD	536 Cousins Street		YARMOUTH, ME 04096	
	Belinda Fitzgerald	10270 West 81st Ave		ARVADA, CO 80005	
	SARAH Blum	736 Lowell Road		CONCORD, MA 01742	
	Elizabeth Welton	324 D Street		SAN RAFAEL, CA 94901	
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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Signature of Managing Member/Manager [Signature] Date 4/6/13 Daytime Phone # 617-599-6094 Typed or printed name of signing Managing Member/Manager					