

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

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**FILED**

07 MAR 20 PM 2:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # L04000001065</b> 1. Entity Name <b>INTERNATIONAL REALTY INVESTMENTS, LLC</b>					
Principal Place of Business <b>INTERNATIONAL REALTY INVESTMENTS LLC 6447 MIAMI LAKES DRIVE SUITE 222 B MIAMI LAKES, FL 33014</b>			Mailing Address <b>INTERNATIONAL REALTY INVESTMENTS LLC 6447 MIAMI LAKES DRIVE SUITE 222 B MIAMI LAKES, FL 33014</b>		
2. Principal Place of Business - No P.O. Box # <b>9363 FONTAINEBLEAU BLVD.</b> Suite, Apt. #, etc. <b>H-209</b> City & State <b>MIAMI FL</b> Zip <b>33172</b> Country <b>USA</b>		3. Mailing Address <b>9363 FONTAINEBLEAU BLVD.</b> Suite, Apt. #, etc. <b>H-209</b> City & State <b>MIAMI FL</b> Zip <b>33172</b> Country <b>USA</b>		03192007 REIN-LLC CR2E101 (1/07) 4. FEI Number <b>04-3782314</b> 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>DADE COUNTY CORPORATE AGENTS, INC. 18901 NE 29TH AVE, STE 100 AVENTURA, FL 33180</b>				7. Name and Address of New Registered Agent Name <b>DANIEL ESPINOZA</b> Street Address (P.O. Box Number is Not Acceptable) <b>9363 FONTAINEBLEAU BLVD. SUITE H-209</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33172</b>	
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 <u><i>[Signature]</i></u> (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 <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR HALLMAN, ROBERT W 6447 MIAMI LAKES DRIVE SUITE 222B MIAMI LAKES, FL 33014</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR DANIEL ESPINOZA 9363 FONTAINEBLEAU BLVD. H-209 MIAMI FL 33172</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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: <u><i>[Signature]</i></u> <small>SIGNATURE AND PRINTED OR PRINTED NAME OF SENDING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
				<small>Date</small> _____ <small>Daytime Phone #</small> _____	

REINSTATEMENT 2006-2007