

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR 21 AM 11: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 04000008534

1. Limited Liability Company's Name

Ideal Real Estate Properties, LLC

9/16/05

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

105 Grovewood Ave.

Suite, Apt. #, etc.

City & State

Sanford, Florida

Zip

32773

Country

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

01-30-04

6. FEI Number



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

Theodore W. Kurtz

Street Address (P.O. Box Number is Not Acceptable)

105 Grovewood Ave.

Suite, Apt. #, Etc.

City

Sanford

State

FL

Zip Code

32773

☐ 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

Date

4-1-09

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
MGRM	Kerry L. Kurtz	105 Grovewood Ave.	Sanford, FL 32773
MGRM	Theodore W. Kurtz	105 Grovewood Ave.	Sanford, FL 32773

REINSTATEMENT

2005-2009

nc 4/23/09

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04/15/09--01035--001 **793.75

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

4-1-09

Daytime Phone

407-697-6361

Typed or printed name of signing Managing Member/Manager

Theodore W. Kurtz, MGRM