PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 AUG 13 PM 2:30

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/07)

DOCUMENT # L04000010826

1. Limited Liability Company's Name
Omega RE Holdings, L.L.C.
L04000010826

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
5085 University Blvd	5085 University Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32216 Country: Duval	Zip: 32216 Country: Duval

4. State/Country of Formation: Florida
5. Date Organized or Qualified To Do Business in Florida: 2/10/2004
6. FEI Number: 80095771 ☒ 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: Dino S. Mantzas
Street Address (P.O. Box Number is Not Acceptable): 1952 Coliefield Drive West
Suite, Apt. #, Etc.:
City: Jacksonville State: FL Zip Code: 32246

☒ 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 to be 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: 8/6/07
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	Chris Kurnellas	13 Hunters Ridge Drive	Pennington, NJ 08053
MGRM	Christo N. Mourtos	265 Jackson Road	Medford, NJ 08055

REINSTATEMENT 05-07
100108703911
08/28/07 01626 014 **155.00

BLT

11. I certify that I am a 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: 8/6/07 Daytime Phone #: (856) 795-1773

Typed or printed name of signing Managing Member/Manager: Christos Mourtos