

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 JUL -2 AM 11:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L 04 0000 36459

1. Limited Liability Company's Name

IMMOTRUST, LLC

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

102 S. HIBICUS DR

Suite, Apt. #, etc.

3. Mailing Office Address

200 10th AVE

Suite, Apt. #, etc.

City & State

MIAMI BEACH FL

City & State

BELMAR NJ

Zip

33139

Country

USA

Zip

07719

Country

USA

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified  
To Do Business in Florida

5/13/2004

6. FEI Number

721573031

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

GREGG LUBONTY

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

102 S. HIBICUS DRIVE

Suite, Apt. #, Etc.

City

MIAMI BEACH

State

FL

Zip Code

33139

700182837167  
07/01/10--01061--007 \*\*\$16.25

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

REGISTERED AGENT MUST SIGN

Date 6.25.10

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
MEM	JOHN LUBONTY	200 10th AVE	BELMAR NJ 07719

REINSTATEMENT 08-10 DBRUCE

11. E-mail Address:

(To be used for future annual report notifications)

12. 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

6/25/10

Daytime Phone #

917 841 5369

Typed or printed name of signing Managing Member/Manager

JOHN LUBONTY