

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 SEP 30 AM 8:53

DOCUMENT # L04080037111

1. Limited Liability Company's Name

BUY AND SELL REAL ESTATE, LLC

2. Principal Office Address

13584 49th St N.

Suite, Apt. #, etc.

Ste 6

City & State

Clearwater, FL

Zip

33761

Country

Pinellas

3. Mailing Office Address

13584 49th St N

Suite, Apt. #, etc.

Ste 6

City & State

Clearwater

Zip

FL

Country

Pinellas

CR2E041 (8/05)

[Handwritten signature]

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified

To Do Business in Florida

6. FEI Number

41-1967406

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

The Trustee Company - Michael I. Guju

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

31564 US 19 North

Suite, Apt. #, Etc.

City

PALM HARBOR

State

FL

Zip Code

34684

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09/30/05--01008--005 **200.00

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

[Handwritten signature] President

Date 9-22-05

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
	<u>ROBERT POLLOCK</u>	<u>2583 Countryside Bl #304</u>	<u>Clearwater, FL 33761</u>

REINSTATEMENT 2005

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

[Handwritten signature]

Date 9/21/05

Daytime Phone # 727-540-9630

Typed or printed name of signing Managing Member/Manager

ROBERT POLLOCK