

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000037686

FILED
Feb 06, 2006
Secretary of State

Entity Name: MASS REALTY, LLC

Current Principal Place of Business:

7651 MEDICAL DR
HUDSON, FL 34667 US

New Principal Place of Business:

Current Mailing Address:

7651 MEDICAL DR
HUDSON, FL 34667 US

New Mailing Address:

FEI Number: 20-2103374

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

AYUB, JORGE
7651 MEDICAL DR
HUDSON, FL 34667 US

Name and Address of New Registered Agent:

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.

SIGNATURE: JORGE AYUB

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: AYUB, JORGE
Address: 7651 MEDICAL DR
City-St-Zip: HUDSON, FL 34667 US

Title: MGRM () Delete
Name: SOKOL, GERALD H
Address: 7651 MEDICAL DR
City-St-Zip: HUDSON, FL 34667 US

Title: MGRM () Delete
Name: MATZKOWITZ, ARTHUR J
Address: 7651 MEDICAL DR
City-St-Zip: HUDSON, FL 34667 US

Title: MGRM () Delete
Name: SENNABAUM, JOSEPH M
Address: 7651 MEDICAL DR
City-St-Zip: HUDSON, FL 34667 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JORGE AYUB

MGRM

02/06/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date