

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L04000039182

1. Limited Liability Company's Name

CitiGroup Realty, LC

FILED

2010 MAR -5 PM 1:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700171393237  
03/08/10--01004--013 \*\*\$55.00

CR2E041 (11/09)

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

11900 Biscayne Blvd

Suite, Apt. #, etc

106

City & State

Miami Florida

Zip

33181

Country

3. Mailing Office Address

20281 E. Country Club

Suite, Apt. #, etc.

DR  
# 214

City & State

Miami FL

Zip

33180

Country

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

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

VICTOR A. LERNER

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

20281 E. Country Club DR # 214

Suite, Apt. #, Etc

# 214

City

Miami

State

FL

Zip Code

33180

☒ 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

REGISTERED AGENT MUST SIGN

Date

3/3/10

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
M&R	VICTOR A. LERNER	20281 E. COUNTRY CLUB DR # 214	Miami, Fla 33180

11. E-mail Address: REALTYVICA@AOL.COM

(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

3/3/10

Daytime Phone #

305.606.6060

Typed or printed name of signing Managing Member/Manager