## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT  COMPANY  COMPANY	FILED
DOCUMENT # LO4-37961  1. Limited Liability Company's Name	06/15/07-01655-0107 FF200.00
SW Florida Realty, LLC	SECRETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal Office Address - No P.O. Box#  131 Oberlin Rowe  Suite, Apt. #, etc.  3. Mailing Office Address P. D. Box 603  Suite, Apt. #, etc.	4. State/Country of Formation FOR 100 JUSA
City & State  City & State  City & State  Venice, Flore DA	5. Date Organized or Qualified To Do Business in Florida 5-20-2004  6. FEI Number Applied For
Zip 34293 Country 3+284 Country 1.5.A.	7. CERTIFICATE OF STATUS DESIRED 55,00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent  Name    Chard B. Fkizze    Street Address (P.O. Box Number is Not Acceptable)   31 Ober   No Add   Suite, Apt. #, Etc.    City   Chard   State   Zip Code   FL   34 293	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  Date  Date	
10. Names and Street Addresses of Managing Members/Managers  Titles Name of Street Address of E	
managing Members/Managers Managers	d. Venice, Florina 34293
	ATEMENT 05-07
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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 filling 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 6-11-07  Daytime Phone (94) 400-9118  Typed or printed name of signing Managing Member/Manager	

