

Aug. 4. 2006 10:19AM

PORGES HAMLIN KNOWLES & PROUTY

Form No. 5914 P. 2

Audit No.: H060001960693


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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L04000054846					
1. Limited Liability Company's Name THE REAL THING, L.L.C.					
2. Principal Office Address 832 N.E. 16th Ct			3. Mailing Office Address Same		
Suits, Apt. #, etc.			Suits, Apt. #, etc.		
City & State FL Lauderdale, FL			City & State		
Zip 33305	Country USA	Zip	Country	4. State/Country of Formation Florida	
				5. Date Organized or Qualified To Do Business in Florida 7/23/04	
				6. Tax Number 201447375	Applied For Not Applicable
				7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

CR25041 (8/05)

8. Name and Address of Current Registered Agent

NAME
CURTIS D. HAMLIN, ESQ., Porges, Hamlin, Knowles, Prouty, Thompson & Najmy, P.A.

Street Address (P.O. Box Number is Not Acceptable)
1205 MANATEE AVE WEST

Suits, Apt. #, Etc.

CITY
BRADENTON

State
FL

Zip Code
34205

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 **August 3, 2006**

REGISTERED AGENT MUST SIGN

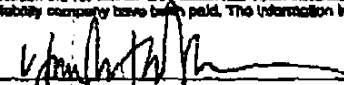
10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
	L. Joseph Tallariti, MGRM	832 N.E. 16th Ct.	FL Lauderdale, FL 3305

REINSTATEMENT 05-06

FL

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  Date **08/02/06** Daytime Phone # **404 849-2111**

Typed or printed name of signing Managing Member/Manager **L. Joseph Tallariti, MGRM**

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Florida Department of State
Division of Corporations
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TALLAHASSEE, FLORIDA

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Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : PORGES, HAMLIN, KNOWLES AND PROUTY, PA.
Account Number : 076077002227
Phone : (941)748-3770
Fax Number : (941)746-4160

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DIVISION OF CORPORATION

LIMITED LIABILITY REINSTATEMENT

THE REAL THING, L.L.C.

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