

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.

CR25041 (8/05)

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"/>	

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

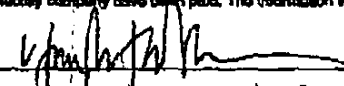
10. Names and Street Addresses of Managing Members/Managers

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
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Phone : (941)748-3770
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DIVISION OF CORPORATION

LIMITED LIABILITY REINSTATEMENT

THE REAL THING, L.L.C.

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