

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000064444

FILED
Feb 23, 2007
Secretary of State

Entity Name: REAL ESTATE HOLDINGS OF FLORIDA LLC

Current Principal Place of Business:

2049 SE ANCORA CT
PORT SAINT LUCIE, FL 34952

New Principal Place of Business:

7449 PINE LAKES BLVD.
PORT SAINT LUCIE, FL 34952

Current Mailing Address:

2049 SE ANCORA CT
PORT SAINT LUCIE, FL 34952

New Mailing Address:

7449 PINE LAKES BLVD.
PORT SAINT LUCIE, FL 34952

FEI Number: 56-2487211 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MOORE, WILLIAM G JR
2049 SE ANCORA CT
PORT SAINT LUCIE, FL 34952 US

Name and Address of New Registered Agent:

MOORE, WILLIAM G JR
7449 PINE LAKES BLVD.
PORT SAINT LUCIE, FL 34952 US

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: WILLIAM G. MOORE JR.

02/23/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MOORE, WILLIAM G JR
Address: 2049 SE ANCORA CT
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: MGRM () Delete
Name: MOORE, ALICIA A
Address: 2049 SE ANCORA CT
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: MGRM () Delete
Name: MOORE, WILLIAM G SR
Address: 1609 N. 18TH STREET
City-St-Zip: FT. PIERCE, FL 34950

Title: MGRM () Delete
Name: MOORE, ANNIE D
Address: 1609 N. 18TH STREET
City-St-Zip: FT. PIERCE, FL 34950

Title: MGRM (X) Delete
Name: MOORE, REBEKAH E
Address: 1609 N 18TH ST
City-St-Zip: FORT PIERCE, FL 34950

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MOORE, WILLIAM G JR
Address: 7449 PINE LAKES BLVD.
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: MGRM (X) Change () Addition
Name: MOORE, ALICIA A
Address: 7449 PINE LAKES BLVD.
City-St-Zip: PORT SAINT LUCIE, FL 34952

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: WILLIAM G. MOORE JR

MGR

02/23/2007

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