

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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1. Limited Liability Company's Name  
Heart Real Estate L.L.C.  
Investment Group L.L.C.

300086237683  
01/25/07--01043--009 \*\*255.00  
CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # <u>2665 Absher RD</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>2665 Absher RD.</u> Suite, Apt. #, etc.	
City & State <u>ST. CLOUD FL</u>		City & State <u>ST. CLOUD FL</u>	
Zip <u>34771</u>	Country <u>U.S.A.</u>	Zip <u>34771</u>	Country <u>U.S.A.</u>

4. State/Country of Formation <u>F.L. U.S.A.</u>	
5. Date Organized or Qualified To Do Business in Florida <u>aug. 31, 2004</u>	
6. FEI Number <u>32-018830</u>	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name  
Steve W. Hartman

Street Address (P.O. Box Number is Not Acceptable)  
2665 Absher RD.

Suite, Apt. #, Etc.

City  
ST. CLOUD

State  
FL

Zip Code  
34771

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 \_\_\_\_\_

REGISTERED AGENT MUST SIGN

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
<u>MGRM</u>	<u>Steve W. Hartman</u>	<u>2665 Absher RD ST. CLOUD FL 34771</u>	<u>ST. CLOUD FL 34771</u>

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 [Signature] Date 1-19-07 Daytime Phone # 407-383-1250

Typed or printed name of signing Managing Member/Manager Steve W. Hartman