

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

10 OCT 21 AM 9:57

DOCUMENT #

1. Limited Liability Company's Name

SUBREL, LLC

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 6210 SW SAMPALA LAKE RD		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State GREENVILLE, FL		City & State	
Zip 32331	Country MADISON	Zip	Country

4. State/Country of Formation FL	
5. Date Organized or Qualified To Do Business in Florida 9/2/2004	
6. FEI Number EIN 20-1595746	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name BRANT, ABRAHAM, REITER McCORMICK & GREEN Johnson			
Street Address (P.O. Box Number is Not Acceptable) 50 NORTH LAURA STREET			
Suite, Apt. #, Etc. SUITE 2750			
City JACKSONVILLE	State FL	Zip Code 32202	

600186947316
10/21/10--01028--016 **238.75

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

Amy N. Johnson **Vice President**
REGISTERED AGENT MUST SIGN

Date **10/8/2010**

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
MGRM	SOLOMON C. ECONOMOU	6210 SW SAMPALA LAKE RD	GREENVILLE, FL 32331

REINSTATEMENT 2010

11. E-mail Address: **ECONOMOUS1@AOL.COM**

(To be used for future annual report notifications)

12. 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 **10-6-10**

Daytime Phone # **850-973-2766**

Typed or printed name of signing Managing Member/Manager



BRANT, ABRAHAM, REITER, MCCORMICK & JOHNSON, P.A.

~ ATTORNEYS AND COUNSELLORS ~

Amy H. Johnson, Esq.
ahjohnson@barmjlaw.com

October 19, 2010

VIA U. S. MAIL

Florida Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 323141

Re: Reinstatement of Subrel, LLC

Dear Sir or Madam:

Please find enclosed a copy of the reinstatement filing for the above-referenced limited liability company, which was filed on-line October 8, 2010, along with my client's check #9982 in the amount of \$238.75 for the cost of such reinstatement. Please note that we have made corrections on the reinstatement form to correctly reflect the name and address of our firm, the registered agent.

If you have any questions, please do not hesitate to contact our office.

Very truly yours,

A handwritten signature in cursive script that reads "Amy Johnson".

Amy H. Johnson

AHJ/bjw
Enclosures
cc: Solon C. Economou