

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

06 OCT 31 PM 4:42

DOCUMENT #

LD4000075252

1. Limited Liability Company's Name

CONTINENTAL VENTURE REALTY OF FLORIDA, LLC

CR2E041 (8/05)

2. Principal Office Address

540 MYRTLE ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 430

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

PLAINVIEW, NY

Zip

34108

Country

US

Zip

11803

Country

US

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

10/18/2004

6. FEI Number

20-1877705

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

JANE GOL

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

540 MYRTLE ROAD

Suite, Apt. #, Etc.

700081389387

10/31/06--01053--017 **200.00

City

NAPLES

State

FL

Zip Code

34108

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

REGISTERED AGENT MUST SIGN

Date 10/20/06

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
MGR	JANE GOL	777 OLD COUNTRY RD - SUITE 204	PLAINVIEW, NY 11803

REINSTATEMENT 2005-06

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

10/19/06

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Jane Gol