

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 104000080852

1. Limited Liability Company's Name

Real Estate Transformations, LLC

REINSTATEMENT

700159935237
08/25/09--01024--004 **516.25

CR2E041 (10/08)

0109

| | | | |
|--|----------------|---|---------|
| 2. Principal Office Address - No P.O. Box # 1947 Imperial Golf Course Blvd. | | 3. Mailing Office Address Same as #2 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Naples, FL | | City & State | |
| Zip 34110 | Country USA | Zip | Country |

| | |
|---|-------------------------------|
| 4. State/Country of Formation Florida | |
| 5. Date Organized or Qualified To Do Business in Florida 11/08/2004 | |
| 6. FEI Number 20-1852846 | Applied For Not Applicable |
| 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 (Applied for fee required for a Certificate of Status) | |

| | | | |
|--|-------------|-------------------|--|
| 8. Name and Address of Current Registered Agent | | | |
| Name Michael A. Durant, Conroy, Conroy & Durant, P.A. | | | |
| Street Address (P.O. Box Number is Not Acceptable) 2210 Vanderbilt Beach Road | | | |
| Suite, Apt. #, Etc. 1201 | | | |
| City Naples | State FL | Zip Code 34109 | |

☐ 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 <i>Michael A. Durant</i> | Date 8/24/09 |
| 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 |
| MGRM | Weiner, Monte | 2503 Turtle Head Peak Dr. | Las Vegas, NV 89135 |
| MGRM | Draggo, Donald | 407 Ridgeway Drive | Greensboro, NC 27403 |
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|--|-----------------|---------------------------------|--|
| 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 <i>Donald W. Draggo</i> | Date 8-21-09 | Daytime Phone # 336-399-5885 | |
| Typed or printed name of signing Managing Member/Manager | | | |