

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 NOV -3 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100160933371
09/22/09--01031--007 **277.50

DOCUMENT # L 04000084175

1. Limited Liability Company's Name

IMMOBILIARE LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

1100 WASHINGTON AVE

Suite, Apt. #, etc.

3. Mailing Office Address

770 ALLISON COURT

Suite, Apt. #, etc.

City & State

WINTER PARK, FL

Zip

32789

Country

City & State

MOORESTOWN NJ

Zip

08057

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

22-3746293

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

LINDA M BURRIS

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

1100 WASHINGTON AVE

Suite, Apt. #, Etc.

City

WINTER PARK

State

FL

Zip Code

32789

☒ 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

REGISTERED AGENT MUST SIGN

Date

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
MM	LINDA M BURRAS	770 ALLISON COURT	MOORESTOWN NJ 08057

REINSTATEMENT

08-09

100162040705
10/22/09--01048--003 **277.50

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

Linda M Burras

Date

9/14/09

Daytime Phone

609 9807887

Typed or printed name of signing Managing Member/Manager

LINDA M BURRAS