

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

08 SEP 19 AM 9:57

DOCUMENT # L04000090269

1. Limited Liability Company's Name

REAL UNLIMITED LLC

200136142412
09/19/08--01020--005 **416.25

CR2E041-(12/07)

2. Principal Office Address - No P.O. Box # 20801 VICTORIA WAY Suite, Apt. #, etc. City & State COCONUT CREEK, FL Zip 33066		3. Mailing Office Address 20801 VICTORIA WAY Suite, Apt. #, etc. City & State COCONUT CREEK, FL Zip 33066	
Country BROWARD		Country BROWARD	

4. State/Country of Formation FLORIDA, BROWARD	
5. Date Organized or Qualified To Do Business in Florida 12/14/2004	
6. FEI Number 141919147	Applied For <input 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 MARTIN L JACOBY		
Street Address (P.O. Box Number is Not Acceptable) 20801 VICTORIA WAY		
Suite, Apt. #, Etc.		
City COCONUT CREEK	State FL	Zip Code 33066

☒ 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

Martin Jacoby

Date 09/08/08

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	JAMES MANNA	70 DOGWOOD WAY	COOPER CITY, FL 33026
MGRM	MARTIN L JACOBY	20801 VICTORIA WAY	COCONUT CREEK, FL 33066

REINSTATEMENT
06-08
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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

Martin Jacoby

Date 09/08/2008

Daytime Phone # 954-899-6552

Typed or printed name of signing Managing Member/Manager

MARTIN L JACOBY