2006 LIMITED LIABILITY COMPANY REINSTATEMENT

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DOCUMENT # L05000018						DIVISION 06 SEP	TARY OF COL	U OF STATE RPORATION	4 S
Principal Place of Business Mailing Address								- •	
2345 SAND LAKE ROAD 2345 SAND LAKE ROAD									
ORLANDO, FL 32809 ORLANDO, FL 32809				}	1 /				
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2. Principal Place of Business 3. Mailing Address									
8680 Commodity Cir 8680 Commodity Cir					4	i macan ariil a afii saki sarii	WATER	IITO IITO IEITI ORIĐĖI Į	(1) 1861
Suite, Apt. #, etc.					09262006	REIN-LLC	CR2F1	01 (11/05)	
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City & State Oxigndo fl	City & State CY I Grado F				4. FEI Number Applied For Not Applicable				
32812 Country	32812	¥	5. Certificate of Status Desired				\$5.00 Additional Fee Required		
6. Name and Address of Current f		$\overline{}$	<u> </u>		7. Name and	Address of New Re			
Name Lag Konco Limo									
KARINA LIMA, LEE					(P.O. Box Number is Not Acceptable)				
2345 SAND LAKE ROAD KORSHAK & ASSOCIATES						CI IS 1401 ACCEPTABLE	, 		
ORLANDO, FL 32809 86					Cva	modite	i Cv	- First	<u>. 2</u> න් ය
	_	ľ	City		1 0	#* 10 C 11 1 -	FL	Zin Gode	
8. The above named entity subpots this patement los	La surrela del el Assissi de la			10U	<u>,CI ()</u>	the in the Otate of Fla		<u> </u>	
the obligations of egistered agent.		egisierei	a Onice or	registere	u agent, or oc	in, at the state of Flor	noa. rami	iamiliai wiui, and	ассері
SIGNATURE SHEW S. T.	3 Whar								
Signature Whed or printed name of registered agent a	ditte if applicable. (NOTE:	Registered	Agent signs	ature required	when reinstating)	DATE		
FILE NOWIN FEE IS \$50.00 In accordance with s. 607.193(2)(b), F.S., the liability company did not receive the prior not									
9. MANAGING MEMBER	MANAGING MEMBERS/MANAGERS 10.				ADDITIONS/CHANGES				
TITLE MGR Delete			TITLE				-	Change [] Addition
NAME KORSHAK, STEPHEN D			NAME		٠. هـ حد		· ^ ~	5-212	20213
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TITLE				OH	<u>indo</u>	121 30	812	C) (h [7 Addition
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CITY-ST-ZIP					09/27.	/0601045-	-006	**50.00	
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STREET ADDRESS CITY-ST-ZIP		CITY-S	T ADDRESS						
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TITLE	☐ Delete	TITLE						Change [Addition
NAME		NAME							-
STREET ADDRESS		1	ADDRESS						[
CITY-ST-ZIP	·	CITY-S							
11. I hereby certify that the information supplied with indicated on this report is true and accurate and	this filing does not qualify for t hat my signature shall hard th	he exem le same !	ptions co legal effe	intained in ct as if ma	Chapter 119, de under oatr	Florida Statutes. I fut r; that I am a manaci	rther certify ing membe	that the informa or or manager of	tion the
indicated on this report is true and accurate and limited liability company of the eceiver of rustee	empowered to execute his re	port as	required t	by Chapte	r 608, Florida	Statutes.		• • •	
19 Men X). Jordhalo									
SIGNATURE: //									
SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayting Phone &									