


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 29 AM 8:04

DOCUMENT # L05000035090 1. Entity Name INTERNATIONAL ONE REALTY, LLC					
Principal Place of Business 25 OLD KINGS ROAD, SUITE 8-B PALM COAST, FL 32137				Mailing Address 25 OLD KINGS ROAD, SUITE 8-B PALM COAST, FL 32137	
2. Principal Place of Business <i>21 Old Kings Rd N</i> Suite, Apt. #, etc. <i>Suite 101-B</i> City & State <i>Palm Coast, FL</i> Zip <i>32137</i>		3. Mailing Address <i>21 Old Kings Rd N</i> Suite, Apt. #, etc. <i>Suite 101-B</i> City & State <i>Palm Coast, FL</i> Zip <i>32137</i>			
4. FEI Number 10162006 REIN-LLC CR2E101 (11/05)				<input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent SEPS, DONALD J ESQ. 1 FLORIDA PARK DRIVE SOUTH, ATRIUM SUITE PALM COAST, FL 32137	
7. Name and Address of New Registered Agent Name <i>LARISSA JOHNSON</i> Street Address (P.O. Box Number is Not Acceptable) <i>21 Old Kings Rd N</i> <i>Suite 101-B</i> City <i>Palm Coast</i> FL Zip Code <i>32137</i>				8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>[Signature]</i> DATE <i>12/28/06</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$200.00				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHNSON, LARISSA 14 PENN MANOR LANE PALM COAST, FL 32164	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition 500083412455 01/05/07--01047--005 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BATTEN, GEORGE J 14 PENN MANOR LANE PALM COAST, FL 32164	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BATTEN, GEORGE J 14 PENN MANOR LANE PALM COAST, FL 32164	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BATTEN, GEORGE J 14 PENN MANOR LANE PALM COAST, FL 32164	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BATTEN, GEORGE J 14 PENN MANOR LANE PALM COAST, FL 32164	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>George J Batten</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <i>12/28/06</i> <small>Date</small>	