

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

OCT 20 AM 10:47

DOCUMENT # L05000043598

1. Limited Liability Company's Name

REALITY FINANCIAL GROUP LLC

CR2E041 (8/05)

2. Principal Office Address 6001 NW 153 ST		3. Mailing Office Address 6001 NW 153 ST	
Suite, Apt. #, etc. SUITE 141		Suite, Apt. #, etc. SUITE 141	
City & State MIAMI LAKES, FL		City & State MIAMI LAKES, FL	
Zip 33014	Country USA	Zip 33014	Country USA

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified
To Do Business in Florida 05/03/05

6. FEI Number
20-2788913

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
ANTHONY MARTINEZ

Street Address (P.O. Box Number is Not Acceptable)
12754 SW 23 ST

Suite, Apt. #, Etc.

City
MIRAMAR

State
FL

Zip Code
33029

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

Date 10/16/06

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	ANTHONY MARTINEZ	12754 SW 23 ST	MIRAMAR, FL 33029
MGRM	BELINDA VILLOCH	12856 SW 31 CT	MIRAMAR, FL 33027

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REINSTATEMENT 2006

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

Date 10/16/06

Daytime Phone# 305-818-5753

Typed or printed name of signing Managing Member/Manager ANTHONY MARTINEZ