

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

9-15-06
200.00

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 MAR -9 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT # LD5000048320

1. Limited Liability Company's Name

Real Estate Improvements, LLC

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

5900 Jessica Drive

Suite, Apt. #, etc.

3. Mailing Office Address

5900 Jessica Drive

Suite, Apt. #, etc.

City & State

Apopka, Florida

City & State

Apopka, Florida

Zip

32703

Country

Seminole

Zip

32703

Country

Seminole

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

1/10/05

6. FEI Number

51-0546587

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

Bryant W. Bowles

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

5900 Jessica Drive

Suite, Apt. #, Etc.

City

Apopka

State

FL

Zip Code

32703

☐ 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

Bryant W. Bowles III

REGISTERED AGENT MUST SIGN

Date 2/16/07

[Signature]

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
MGR	Kim Bowles	5900 Jessica Drive	Apopka, FL 32703

600092642396
03/14/07--01045--003 **200.00

REINSTATEMENT

06-07

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

Kim Bowles

Date 2/16/07

Daytime Phone # 407-294-11090

Typed or printed name of signing Managing Member/Manager Kim Bowles