

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000059716

1. Entity Name
R & P REAL ESTATE, LLC



07 FEB 26 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
115 WEST COLUMBIA STREET
ORLANDO, FL 32806

Mailing Address
115 WEST COLUMBIA STREET
ORLANDO, FL 32806



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10302006 REIN-LLC CR2E101 (11/05)

4. FEI Number
20-3289979

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POULOS, MARGARET M
115 WEST COLUMBIA STREET
ORLANDO, FL 32806

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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
MGRM
POULOS, MARGARET M
STREET ADDRESS
115 COLUMBIA STREET
CITY-ST-ZIP
ORLANDO, FL 32801 ☐ Delete

TITLE
NAME
000081477380
STREET ADDRESS
11/03/06--01003--019 **150.00
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
MGRM
RAMIREZ, RICARDO J
STREET ADDRESS
115 COLUMBIA STREET
CITY-ST-ZIP
ORLANDO, FL 32801 ☐ Delete

TITLE
NAME
000081477380
STREET ADDRESS
02/27/07--01055--001 **50.00
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

REINSTATEMENT

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:

MARGARET K. POULOS, M.D.

OCT 30, 2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FEBRUARY 28, 2007