

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

08 DEC -9 PM 2:48

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

300138739603  
12/09/08--01026--003 \*\*138.75

CR2E041 (10/08)

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L05000084984

1. Limited Liability Company's Name

REPP REAL ESTATE & INVESTMENTS, LLC

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

5898 CARRIAGE DR.

Suite, Apt. #, etc.

3. Mailing Office Address

5898 CARRIAGE DR.

Suite, Apt. #, etc.

City & State

SARASOTA, FLORIDA

Zip

34243

Country

USA

City & State

SARASOTA, FLORIDA

Zip

34243

Country

USA

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified  
To Do Business in Florida

8-26-05

6. FEI Number

20-3375548

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

Patricia C. Meringer

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

2033 Main Street

Suite, Apt. #, Etc.

Suite 600

City

Sarasota

State

FL

Zip Code

34237

☒ 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

Patricia C. Meringer

REGISTERED AGENT MUST SIGN

Date

12/1/08

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	SUSAN REPP	5898 CARRIAGE DR. SARASOTA	SARASOTA, FL. 34243

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

Susan Repp

Date

11/10/08

Daytime Phone #

941-355-7754

Typed or printed name of signing Managing Member/Manager

SUSAN REPP