

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 23 AM 10:08

DOCUMENT # L05000088899

1. Limited Liability Company's Name

REAL ESTATE ASSETS LOGISTICS LLC

CR2E041 (8/05)

2. Principal Office Address

6001 NW 153 ST

Suite, Apt. #, etc.

SUITE 141

City & State

MIAMI LAKES, FL

Zip

33014

Country

USA

3. Mailing Office Address

6001 NW 153 ST

Suite, Apt. #, etc.

SUITE 141

City & State

MIAMI LAKES, FL

Zip

33014

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

09/08/05

6. FEI Number

14-1938198

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

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