

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L05000090823

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

NUNEZ REALTY LLC

2006

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

151 ALLEN ST

Suite, Apt. #, etc.

5D

City & State

New York NY

Zip

10002

Country

US

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

[Handwritten signature]

Zip

Country

8. Name and Address of Current Registered Agent

Name

PEDRO VALDEZ

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

40 150 PURSLATE PASS FOUR CORNERS

Suite, Apt. #, Etc.

City

DAVENPORT

State

FL

Zip Code

33897

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 **/s/ PEDRO VALDEZ**

Date

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	MARIA NUNEZ	151 Allen Street, #5-D	New York, NY 10002

REINSTATEMENT 2006-2012

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 808.406, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing

Member/Manager *[Handwritten signature]*

Date

2/6/12

Daytime Phone #

718 926 8412

Typed or printed name of signing Managing Member/Manager

[Handwritten signature]

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02/13/12--01035--027 **1991.25

CR2E041 (1/11)

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

2/14/05

6. FEI Number

203468020

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

E-mail Address:

PEDVAL427@MSN.COM

(To be used for future annual report notices)

12 FEB 13 PM 1:12