## 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000097231  1. Enlity Name CASAMAGNA REALTY, LLC						T. COMPANY	FILED 07 SEP 26 PM 2: 31				
Principal Place of Business Mailing Address							SECRETARIA EL CALO				
2700 GLADES CIRCLE			2700 GLADES CIRCLE			1	SECRETA STATE TALLAHASSEE, FLORIDA				
108 Weston, Fl. 33327			108 Weston, FL 33327							EKO AKO GO KULOK KITO	
2 Principal Place of Business - No P.O. Box # 1825 MAIN STREET			3. Mailing Address								
Suite, Apt. #, etc. Sいてと 耳 ずつ			Suite, Apt. #, etc.				09182007 REIN-LLC CR2E101 (1/07)				
City & State Weston, FLORIOA		LORIOA	City & State				4. FEI Number Applied For 20-3570734 Not Applicable				
Zip 337	Count		Zip	Coun	try			of Status Desired		\$5.00 Add Fee Required	litional
		dress of Current F	Registered Agent				7. Name and	Address of New F	Registered A	Agent	
					Name						
615 CASC	ENA, RICARDO J ADE FALLS DR FL 33327	J			Street Address (P.O. Box Number is Not Acceptable)						
172010N	1 2 33321										
					City	FL Zip Code					
	named entity submits		the purpose of changing its	registere	d office or	registere	ed agent, or bo	th, in the State of Fl	lorida. Lam	lamiliar with,	and accept
ind obligat	indris or registered age	<b>,</b> ,									
	16/11/2	11-11-11									
SIGNATURE	Signature, typed or printed in	varne of registered agent a	nd title if applicable. (NOTE	: Registere	od Agent signat	ture require	ed when reinstating)		DATE		
FIL	Signature, typed or printed in LE NOWIII FEE IS ary 1, 2008, Fee w	\$50.00	In accordance with s liability company did	. 607.1	93(2)(b), F	F.S., the	e limited		ke check p	ayable to ent of State	<del></del>
FIL	LE NOWIII FEE IS ary 1, 2008, Fee w	\$50.00	In accordance with s liability company did	. 607.1	93(2)(b), F	F.S., the	e limited	Florid	ke check p	ent of State	Đ
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FIL After Janua 9.	MAR AROSEMENA, R	\$50.00 vill be \$100.00 ANAGING MEMBER ICARDO J ALLS DR	In accordance with s liability company did RS/MANAGERS	10.	93(2)(b), Feive the p	F.S., the	e limited ice.	Florid	ke check p la Departm	ent of State	
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11. Thereby certify that the information supplied with this liling 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: