

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
09 MAY -5 PM 12:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200155459552  
05/05/09--01037--009 \*\*555.00

CR2E041 (10/08)

DOCUMENT # 05000120673  
1. Limited Liability Company's Name  
Southeast Regional REI, LLC

2. Principal Office Address - No P.O. Box # <u>20801 Biscayne Blvd</u>		3. Mailing Office Address <u>Same</u>	
Suite, Apt. #, etc. <u>501</u>		Suite, Apt. #, etc.	
City & State <u>Aventura</u>		City & State	
Zip <u>33180</u>	Country	Zip	Country

4. State/Country of Formation <u>Florida</u>	
5. Date Organized or Qualified To Do Business in Florida <u>12/15/2005</u>	
6. FEI Number <u>20-5534196</u>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name  
Susan L Castonguay

Street Address (P.O. Box Number is Not Acceptable)  
2670 NE 215th Street

Suite, Apt. #, Etc.

City  
Miami

State  
FL

Zip Code  
33180

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 Susan A Castonguay Date 4:29.09  
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
MGR	Pablo Lupinacci	8811 Carlyle Ave	Surfside, FL 33154

**REINSTATEMENT 0609**  
DBruce

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 [Signature] Date 4/27/09 Daytime Phone # \_\_\_\_\_

Typed or printed name of signing Managing Member/Manager \_\_\_\_\_