

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

**09 OCT 12 AM 11:19**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L06000020076**

1. Limited Liability Company's Name

**INVESTMENT REALTY ADVISORS, LLC**

200161334052  
10/05/09--01054--009 \*\*277.50  
CR2E041 (10/08)

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

999 Brickell Avenue

Suite, Apt. #, etc.

Suite 700

City & State

Miami, FL

Zip

33131

Country

USA

3. Mailing Office Address

999 Brickell Avenue

Suite, Apt. #, etc.

Suite 700

City & State

Miami, FL

Zip

33131

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

☒ 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

Brooks Law Firm, PA

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

999 Brickell Avenue

Suite, Apt. #, Etc.

Suite 700

City

Miami

State

FL

Zip Code

33131

☒ 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

REGISTERED AGENT MUST SIGN

Date 0-9/28/2009

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| MGRM   | Robert Keith Brooks                  | 999 Brickell Avenue, Ste. 700                     | Miami, FL 33131    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

**REINSTATEMENT 08.09**

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 9-28-09

Daytime Phone # 305-371-8535

Typed or printed name of signing Managing Member/Manager Robert Keith Brooks