

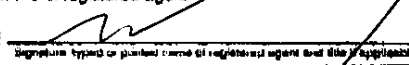
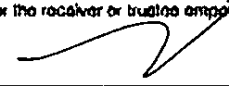
# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

# FILED

2007 NOV 27 PM 4:53

 SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


11182007 REIN-LLC CR2E101 (1/07)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                  |                                                                                                            |                                                                                                                                                 |                                                                                   |                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>DOCUMENT # L06000027092</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                  |                                                                                                            |                                                                                                                                                 |  |                                                             |
| 1. Entity Name<br><b>A&amp;G REAL ESTATE, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                  |                                                                                                            |                                                                                                                                                 |                                                                                   |                                                             |
| Principal Place of Business<br><b>8235 39TH AVE NORTH<br/>ST. PETERSBURG, FL 33709</b>                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                  |                                                                                                            | Mailing Address<br><b>8235 39TH AVE NORTH<br/>ST. PETERSBURG, FL 33709</b>                                                                      |                                                                                   |                                                             |
| 2. Principal Place of Business - No P.O. Box #<br><b>SAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                  |                                                                                                            | 3. Mailing Address                                                                                                                              |                                                                                   |                                                             |
| Suite, Apt. #, etc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                  |                                                                                                            | Suite, Apt. #, etc                                                                                                                              |                                                                                   |                                                             |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                  |                                                                                                            | City & State                                                                                                                                    |                                                                                   |                                                             |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                  | Country                                                                                                    | Zip                                                                                                                                             |                                                                                   | Country                                                     |
| 4. FEI Number<br><b>20-5242621</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                  |                                                                                                            |                                                                                                                                                 | Applied For<br><input type="checkbox"/> Not Applicable                            |                                                             |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                  |                                                                                                            |                                                                                                                                                 | \$5.00 Additional Fee Required                                                    |                                                             |
| 6. Name and Address of Current Registered Agent<br><br><b>BAKSHI, GIL<br/>8235 39TH AVE NORTH<br/>ST PETERSBURG, FL 33709</b>                                                                                                                                                                                                                                                                                                                                                                            |                                                                                  |                                                                                                            | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><b>FL</b> Zip Code |                                                                                   |                                                             |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                            |                                                                                  |                                                                                                            |                                                                                                                                                 |                                                                                   |                                                             |
| SIGNATURE  <b>Nov 16, 2007</b><br><small>Signature typed or printed name of registered agent and title (if applicable) (NOT the Registered Agent signature required when reinstating) (DATE)</small>                                                                                                                                                                                                                  |                                                                                  |                                                                                                            |                                                                                                                                                 |                                                                                   |                                                             |
| <b>FILE NOW!!! FEE IS \$80.00</b><br><b>After January 1, 2008, Fee will be \$100.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                  | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. |                                                                                                                                                 | Make check payable to<br><b>Florida Department of State</b>                       |                                                             |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                  |                                                                                                            | 10. ADDITIONS/CHANGES                                                                                                                           |                                                                                   |                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>MGRM<br/>BAKSHI, GIL<br/>8235 39TH AVE NORTH<br/>ST. PETERSBURG, FL 33709</b> | <input type="checkbox"/> Delete                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>MGRM<br/>MENENDEZ, ANGEL<br/>58 AUBURN AVE<br/>FORTSON, GA 31808</b>          | <input type="checkbox"/> Delete                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 | <b>700112514057</b><br><b>11/21/07--01052--003 **\$0.00</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                  | <input type="checkbox"/> Delete                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 | <b>LS</b>                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                  | <input type="checkbox"/> Delete                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 | <b>REINSTATEMENT 07</b>                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                  | <input type="checkbox"/> Delete                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                  | <input type="checkbox"/> Delete                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                                             |
| 11. I hereby certify that the information supplied with this filing 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:  <b>Nov. 16, 2007</b><br><small>SIGNATURE AND TYPED OR PRINTED NAMES OF SIGNER MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>                                                                                                                                                                                                                                         |                                                                                  |                                                                                                            |                                                                                                                                                 |                                                                                   |                                                             |