

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

08 OCT 21 AM 8:09

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L06000052789

1. Limited Liability Company's Name

FIRST CZ REAL ESTATE, LLC

CR2E041 (10/08)

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

27007 FORDHAM DR

Suite, Apt. #, etc.

City & State

WESLEY CHAPEL FL

Zip

33544

Country

USA

3. Mailing Office Address

27007 FORDHAM DR

Suite, Apt. #, etc.

City & State

WESLEY CHAPEL FL

Zip

33544

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified

To Do Business in Florida 05/23/2006

6. FEI Number

75-3216247

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

IMWORLD SERVICES, INC.

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

424 E. CENTRAL BLVD

Suite, Apt. #, Etc.

106

City

ORLANDO

State

FL

Zip Code

32801

☒ 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

IMRE SZAFRICKS, CEO

REGISTERED AGENT MUST SIGN

Date 10/15/08

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	DAN MATOUSEK	ZIVANSKEHO 6	BRNO 621 00 CZECH REP.
MGRM	EVA MATOUSEK	ZIVANSKEHO 6	BRNO 621 00 CZECH REP.
MGRM	DAVID MATOUSEK	ANTONINSKA 12	BRNO 602 00 CZECH REP.
		L. SELLERS	
		OCT 22 2008	200137092562
			10/20/08--01068--005 **277.50
		EXAMINER	

REINSTATEMENT

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 10/13/2008

Daytime Phone # 646-460-6297

Typed or printed name of signing Managing Member/Manager DAN MATOUSEK, MANAGING MEMBER