

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 FEB 26 PM 2:27

DOCUMENT # L06000057352

1. Entity Name  
REALVITE LLC



Principal Place of Business  
300 SEVILLA AVENUE  
SUITE 208  
CORAL GABLES, FL 33134 US

Mailing Address  
300 SEVILLA AVENUE  
SUITE 208  
CORAL GABLES, FL 33134 US



2. Principal Place of Business - No P.O. Box #  
17038 West Dixie Highway  
Suite, Apt. #, etc.  
Suite 179

3. Mailing Address  
17038 West Dixie Highway  
Suite, Apt. #, etc.  
Suite 179

01282008 REIN-LLC CR2E101 (1/07)

City & State  
Miami, FL

City & State  
Miami, FL

Zip  
33160

Country  
U.S.

Zip  
33160

Country  
U.S.

4. FEI Number  
20-5421537

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

SIMONS, BARRY L ESQ.  
9100 S. DADELAND BLVD.  
SUITE 400  
MIAMI, FL 33156

## 7. Name and Address of New Registered Agent

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

*[Signature]*

2/15/08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$377.50

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
MEMBER	MCKEY, RANDY	300 SEVILLA AVENUE, SUITE 280	CORAL GABLES, FL 33134	<input checked="" type="checkbox"/>
MEMBER	ROBERT HOLTZMAN	8525 SW 148TH AVE	PALMETTO BAY, FL	<input checked="" type="checkbox"/>
MEMBER/GRM	MARC DBRAMS	17038 WEST DIXIE HWY	MIAMI, FL 33160	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>

## 10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
Manager	Brian Donahue	17038 West Dixie Highway	Miami, FL 33160	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

REINSTATEMENT

07-08

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:

*[Signature]*

ROBERT HOLTZMAN

2/14/08

305-302-1788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #

OK to delete  
this report  
if not  
reinstated