

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAR 10 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E041 (10/08)

DOCUMENT # L06000079702

1. Limited Liability Company's Name

First The Real Estate LLC

07

2. Principal Office Address - No P.O. Box #
1717 N. Bayshore Drive

3. Mailing Office Address
1717 N. Bayshore Drive

Suite, Apt. #, etc.
102

Suite, Apt. #, etc.
102

City & State
Miami, Florida

City & State
Miami, Florida

Zip Country
33132 US

Zip Country
33132 US

MK

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida 08/11/2006

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
MICHAEL FALSETTO

Street Address (P.O. Box Number is Not Acceptable)
1717 N. BAYSHORE DRIVE, SUITE 102

Suite, Apt. #, Etc.
102

City State Zip Code
Miami FL 33132

MK

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

/s/ Mike Falsetto

Date 3-9-09

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	Michael Falsetto	1717 N. Bayshore Drive, Suite 102	Miami, Florida 33132

REINSTATEMENT 2007-2009

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

/s/ Mike Falsetto

Date 3-9-09

Daytime Phone # 305-533-7182

Typed or printed name of signing Managing Member/Manager

Michael Falsetto