
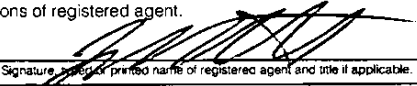
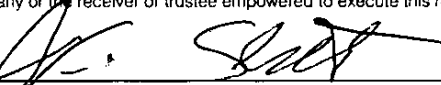


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAR 27 PM 1:19

DOCUMENT # L06000084080 1. Entity Name PROFESSIONAL REAL ESTATE INSTITUTE, LLC					
Principal Place of Business 10 PELICAN DRIVE FT. LAUDERDALE, FL 33301			Mailing Address 10 PELICAN DRIVE FT. LAUDERDALE, FL 33301		
2. Principal Place of Business - No P.O. Box # 1355 West Palmetto Park Road		3. Mailing Address 1355 West Palmetto Park Road			
Suite, Apt. #, etc. #331		Suite, Apt. #, etc. #331			
City & State Boca Raton, Florida		City & State Boca Raton, Florida		4. FEI Number 26-2081070	
Zip 33486		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NOVATT, JEFF M ESQ. C/O CHEFFY, PASSIDOMO, ET AL 825 FIFTH AVE. SOUTH, SUITE 201 NAPLES, FL 34102			7. Name and Address of New Registered Agent Name Novatt, Jeff M., Esq. Street Address (P.O. Box Number is Not Acceptable) c/o Cheffy Passidomo, Wilson & Johnson, LLP 821 Fifth Avenue South, Suite 201 City Naples, FL Zip Code 34102		
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		Jeff M. Novatt, Esq. <small>(NOTE: Registered Agent signature required when reinstating)</small>		2/29/08 <small>DATE</small>	
FILE NOW!!! FEE IS \$377.50			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEWART, TERRI 10 PELICAN DRIVE FT. LAUDERDALE, FL 33301	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Stewart, Terri 1355 West Palmetto Park Road, #331 Boca Raton, Florida 33486	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	900119598989 03/07/08--01003--005 **337.50	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	900119598989 04/04/08--01009--001 **40.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
REINSTATEMENT			<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.			Well 07-08		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Terri Stewart, Manager		2/29/08 <small>Date</small>	
954-732-8878 <small>Daytime Phone #</small>					