

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

17 MAY 15 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L06000100930

1. Limited Liability Company's Name
REI PRIVATE EQUITY, LLC

600299270886

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 999 BRICKELL AVENUE		3. Mailing Office Address 999 BRICKELL AVENUE	
Suite, Apt. #, etc SUITE 600		Suite, Apt. #, etc SUITE 600	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33131	Country USA	Zip 33131	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 10/16/2006	
6. FEI Number 20-8154815	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	

8. Name and Address of Current Registered Agent

Name
Paul Jarquin

Street Address (P.O. Box Number is Not Acceptable) Suite,
999 Brickell Avenue

Apt. #, Etc
Suite 600

City
Miami

State
FL

Zip Code
33131

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent _____ Date 05-15-17

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	Paul A. Jarquin	999 Brickell Avenue, Suite 600	Miami, FL 33131

11. E-mail Address: pjarquin@reihabitat.com

(To be used for MCL's annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member _____ Date 05-15-17 Daytime Phone # (336) 18-62-25-52

Typed or printed name of signing authorized representative/member Paul A. Jarquin, Manager

T HENDERSON
MAY 15 2017

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 640394 5174517
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 382.50

ORDER DATE : May 15, 2017
ORDER TIME : 1:06 PM
ORDER NO. : 640394-005
CUSTOMER NO: 5174517

DOMESTIC FILINGS

NAME: REI PRIVATE EQUITY, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
_____ PLAIN STAMPED COPY
XX _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - Ext#

EXAMINER'S INITIALS _____

RECEIVED
2017 MAY 15 PM 1:40
NOTARIAL PUBLIC
TALLAHASSEE, FL 32301