

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN 12 PM 1:49

DOCUMENT # L06000104525

1. Limited Liability Company's Name

SJM Realty, LLC

CR2E041 (12/07)

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

9018 Alexandra Circle

Suite, Apt. #, etc.

City & State

Wellington, Florida

Zip

33414

Country

US

3. Mailing Office Address

9018 Alexandra Circle

Suite, Apt. #, etc.

City & State

Wellington, Florida

Zip

33414

Country

US

4. State/Country of Formation

Florida / United States

5. Date Organized or Qualified
To Do Business in Florida

October 26, 2006

6. FEI Number

20-5779768

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

Russell M. Robbins, Esq.

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

9690 West Sample Road

Suite, Apt. #, Etc.

Suite 103

City

Coral Springs

State

FL

Zip Code

33065-4046

☒ 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

Date **June 6, 2008**

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
MGRM	Maritza Reale	9018 Alexandra Circle	Wellington, Florida 33414
MGRM	Salvatore Reale	9018 Alexandra Circle	Wellington, Florida 33414

500131099639
06/10/08--01021--002 **277.50

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

Maritza Reale

Date **June 6, 2008**

Daytime Phone # **(561) 798-0747**

Typed or printed name of signing Managing Member/Manager

Maritza Reale, Managing Member