

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 DEC -6 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # L06000111662		
1. Entity Name ATERRA REALTY ASSOCIATES, LLC		

Principal Place of Business 1930 OAKLEY AVENUE FORT MYERS, FL 33901	Mailing Address 1930 OAKLEY AVENUE FORT MYERS, FL 33901
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2. Principal Place of Business - No P.O. Box # 1500 COLONIAL BLVD	3. Mailing Address 1930 Oakley Av
Suite, Apt. #, etc. Ste 215	Suite, Apt. #, etc.
City & State FORT MYERS	City & State FORT MYERS
Zip 33907	Country
Zip 33901	Country

10052007 REIN-LLC CR2E101 (1/07)

4. FBI Number: 20-5933964	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BISHOP, OLA PEARL 1930 OAKLEY AVENUE FORT MYERS, FL 33901	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Ola Pearl Bishop 10/9/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BISHOP, OLA PEARL 1930 OAKLEY AVENUE FORT MYERS, FL 33901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600110862656 10/16/07--01053--017 **100.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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REINSTATEMENT

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: Ola Pearl Bishop 10/9/07 2399365316
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #