

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR 15 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 06000122898

1. Limited Liability Company's Name

FREEDOM REALTY HOLDINGS LLC

700175903277
04/15/10--01002--013 **521.25
CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 5272 NE 1ST AVENUE Suite, Apt. #, etc.		3. Mailing Office Address 5272 NE 1ST AVENUE Suite, Apt. #, etc.	
City & State OAKLAND PARK, FL		City & State OAKLAND PARK, FL	
Zip 33334	Country U.S.A.	Zip 33334	Country USA

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 01 JAN 2007	
6. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		
Name JASON BRITT		
Street Address (P.O. Box Number is Not Acceptable) 5272 NE 1ST AVENUE		
Suite, Apt. #, Etc.		
City OAKLAND PARK	State FL	Zip Code 33334

☐ 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

REGISTERED AGENT MUST SIGN

Date 4-12-10

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	UNLIMITED INVESTMENT HOLDINGS, INC.	5272 NE 1ST AVENUE	OAKLAND PARK, FL 33334
	L. SELLERS		
	APR 19 2010		
	EXAMINER	REINSTATEMENT	05-2010

11. E-mail Address: jasonbritt@hotmail.com

(To be used for future annual report notifications)

12. 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

Date 4-12-10

Daytime Phone #

954-732-1230

Typed or printed name of signing Managing Member/Manager

JASON BRITT