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<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> L07000028854			
1. Limited Liability Company's Name <div style="font-size: 1.2em; font-family: cursive;">H &amp; S Realty LLC</div>			
2. Principal Office Address - No P.O. Box # <div style="font-size: 1.2em; font-family: cursive;">7399 Coral Way</div>		3. Mailing Office Address <div style="font-size: 1.2em; font-family: cursive;">7399 Coral Way</div>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <div style="font-size: 1.2em; font-family: cursive;">Miami, FL 33155</div>		City & State <div style="font-size: 1.2em; font-family: cursive;">Miami, FL</div>	
Zip <div style="font-size: 1.2em; font-family: cursive;">33155</div>	Country <div style="font-size: 1.2em; font-family: cursive;">USA</div>	Zip <div style="font-size: 1.2em; font-family: cursive;">33155</div>	Country <div style="font-size: 1.2em; font-family: cursive;">USA</div>
8. Name and Address of Current Registered Agent			
Name <div style="font-size: 1.2em; font-family: cursive;">Karen ZINN</div>			
Street Address (P.O. Box Number is Not Acceptable) Suite, <div style="font-size: 1.2em; font-family: cursive;">7399 Coral Way</div>			
Apt. #, Etc.			
City <div style="font-size: 1.2em; font-family: cursive;">Miami</div>		State <div style="font-size: 1.2em; font-family: cursive;">FL</div>	Zip Code <div style="font-size: 1.2em; font-family: cursive;">33155</div>
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 <div style="font-size: 1.2em; font-family: cursive;">Karen Zinn</div>		Date <div style="font-size: 1.2em; font-family: cursive;">2/24/17</div>	
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
<div style="font-size: 1.2em; font-family: cursive;">MGR</div>	<div style="font-size: 1.2em; font-family: cursive;">Helene Lanster</div>	<div style="font-size: 1.2em; font-family: cursive;">11450 SW 72nd Ct.</div>	<div style="font-size: 1.2em; font-family: cursive;">Miami, FL 33156</div>
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<div style="text-align: right; font-size: 1.2em; font-family: cursive;">MAR 01 2017</div>			<div style="text-align: right; font-size: 1.2em; font-family: cursive;">S. YOUNG</div>
11. E-mail Address <div style="font-size: 1.2em; font-family: cursive;">KLZINN@aol.com</div>			
(To be used for future 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 <div style="font-size: 1.2em; font-family: cursive;">Helene Lanster</div>		Date <div style="font-size: 1.2em; font-family: cursive;">Feb 24, 2017</div>	
Typed or printed name of signing authorized representative/member		Daytime Phone # <div style="font-size: 1.2em; font-family: cursive;">305-343-6331</div>	