


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 OCT -9 PM 4: 05

| | |
|---|---|
| DOCUMENT # L07000069342 1. Entity Name ONE SOURCE COMMERCIAL REALTY, LLC |  |
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|---|---|
| Principal Place of Business 605 SW 36TH ST. CAPE CORAL, FL 33914 US | Mailing Address 605 SW 36TH ST. CAPE CORAL, FL 33914 US |
|---|---|



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|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

| | | |
|---|---|----------------|
| 09302008 | REIN-LLC | CR2E101 (1/07) |
| 4. FEI Number 26-0688770 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 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 COLEN, TIMOTHY L 605 SW 36TH ST. CAPE CORAL, FL 33914 | 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: *Timothy Colen* DATE: 9/30/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | |
|---|--|--|
| FILE NOW!!! FEE IS \$138.75 After January 1, 2009, Fee will be \$277.50 | 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 | MGRM <input type="checkbox"/> Delete COLEN, TIMOTHY L 605 SW 36TH ST. CAPE CORAL, FL 33914 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 900136618079 10/03/08--01055--007 **138.75 |
| 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 |
| 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 2008

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: *Timothy Colen* DATE: 9/30/08 DAYTIME PHONE #: 239-209-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #