

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 MAY 28 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600180240466
05/04/10--01008--008 **138.75
CR2E041 (11/09)

DOCUMENT # **L07000081083**

1. Limited Liability Company's Name

112 MEADOWS REALTY LLC

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

6417 NW 99TH ST.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

PARKLAND, FL.

City & State

Zip

33076

Country

USA

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

26-173 2970

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

JOE SHANE

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

6417 NW 99TH ST.

Suite, Apt. #, Etc.

City

PARKLAND

State

FL

Zip Code

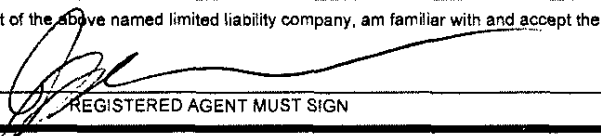
33076

☒ 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.

600180240466
06/01/10--01002--004 **416.25

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

4/27/10

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
MGR	JOE SHANE	6417 NW 99TH ST.	PARKLAND, FL. 33076
MGR	LOUIS PROFENNA	10 WHITE BIRCH CT.	NEW CITY, NY 10958

REINSTATEMENT 08-10

AL 6-1-10

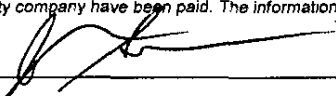
11. E-mail Address:

L001040 @ AOL.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

4/27/10

Daytime Phone #

561 8807861

Typed or printed name of signing Managing Member/Manager