2008 LIMITED LIABILITY COMPANY REINSTATEMENT

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DOCUI 1. Entity Nam 79 REAL	16	# L070000858									
, o ne	2017112	, L.L.O.				III					
Principal Place	e of Business	5	Mailing Address								
755 GRAND I Miramar be	BLVD., SUIT	E 105-313	755 GRAND BLVD., SUITE 105-313 MIRAMAR BEACH, FL 32550								
		ness - No P.O. Box #	3. Mailing Address								
174 W Suite, Apt.	aterë #, etc.	olor Way	Suite Apt Petercolor Way				10012008	REIN-LLC	CR2	2E101 (1/07)	
City & State			City & State				4. FEI Numbe	er		х Ар	plied For
<u>Santa</u> Zip	Rosa	Beach FL Country	Santa Rosa Beacg FL Zip Country						····		t Applicable
32459		Walton	32459 Walton				Certificate	of Status Desire	-	\$5.00 Add Fee Required	
6. Name and Address of Current I							7. Name and	Address of Nev	v Registere	d Agent	
WEIMORTS, MICHAEL L ESQ.											
SUITE 209 4507 FURI), THE PL	AZA	Street Ad			ddress (I	P.O. Box Numbe	er is Not Accepta	ible)		:
DESTIN, F		_									
	•				City	_			F		
	named entitions of regist		the purpose of changing its	s register	ed office or	register	ed agent, or bot	h, in the State of	Florida. I a	m familiar with,	and accept
SIGNATURE :	ru	av-		Mic	hael	L.	Weimor	ts. Esa		0.104.104	
SIGNATURE	Signature, typed	or printed name of registered agents	nd title if applicable. (NOT	TE: Register	ed Agent signs	sture requir	ed when reinstating)	ts, Esq	DATE	<u>:0/01/0</u> 8	3
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. liability company did not receive the prior										payable to Iment of State	2
9.		MANAGING MEMBER	RS/MANAGERS	10.			L	ADDITIO	S/CHANG	ES	
TITLE			☐ Delete	TITL	Mgr,	Mem	ber			☐ Change	Addition
NAME Street Address				NAM	ET ADDRESS			Hvitve			
CITY-ST-ZIP					-ST-ZIP	0.0	4 Water	color W	Vay		
TITLE	☐ Delete T				E N	Santa Rosa Beach FL 32459 Member					
NAME				E	Asminderod Finans APS						
STREET ADDRESS '		··			ET ADDRESS -ST-ZIP	Fr	edensbo	rg Denn	nark		
TITLE			☐ Delete	TITL						Change	☐ Addition
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CITY-ST-ZIP					-ST-ZIP		10/14	\08810	+8004	**138.	. 13
TITLE			☐ Delete	titu	E					☐ Change	Addition
NAME STREET ADDRESS				NAM	ET ADORESS			Z _Z	2		
CITY+\$T-ZIP					-ST-ZIP			E.C.	2008		
TITLE		-	☐ Delete	TITLE	E .		•	ŦŔ.	8	Change	☐ Addition
NAME Street Address	DEINICT	TATEMENT	2006	NAM	1			TAR ASS	-	مستحدار مستحدار	
CITY-ST-ZIP	CUITA				ET ADORESS -ST-ZIP			m⊸r	2	-	
TITLE			☐ Delete	TITL				<u> </u>	U	Change	☐ Addition
NAME				NAM	E			_ S		O	_
STREET ADDRESS CITY+ST-ZIP					ET ADDRESS - ST-ZIP			ORIC ORIC	_ 2		
	nortify that the	o information constinut with	this filles does not awart to			atain = = -	in Ohant 110		<u> </u>		
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.											
		MILAN) /					85	0.424	.4201	
SIGNATURE: Michael I Weimorts Esq. 10/001/08											