


# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L07000085860</b> 1. Entity Name <b>79 REAL ESTATE, L.L.C.</b>			
Principal Place of Business <b>755 GRAND BLVD., SUITE 105-313 MIRAMAR BEACH, FL 32550</b>		Mailing Address <b>755 GRAND BLVD., SUITE 105-313 MIRAMAR BEACH, FL 32550</b>	
2. Principal Place of Business - No P.O. Box # <b>174 Watercolor Way</b> Suite, Apt. #, etc.		3. Mailing Address <b>174 Watercolor Way</b> Suite, Apt. #, etc.	
City & State <b>Santa Rosa Beach FL</b>		City & State <b>Santa Rosa Beach FL</b>	
Zip <b>32459</b>	Country <b>Walton</b>	Zip <b>32459</b>	Country <b>Walton</b>
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>WEIMORTS, MICHAEL L ESQ. SUITE 209, THE PLAZA 4507 FURLING LANE DESTIN, FL 32541</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 <u><i>[Signature]</i></u> <b>Michael L. Weimorts, Esq.</b> DATE <b>10/01/08</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After January 1, 2009, Fee will be \$277.50</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <b>Mgr/Member</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <b>Member</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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
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
<b>REINSTATEMENT 2008</b>		<b>500136910065</b> <b>10/14/08--01048--004 **138.75</b>	
<b>SECRETARY OF STATE TALLAHASSEE, FLORIDA</b>		<b>2008 OCT 15 P 12:10 FILED</b>	
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: <u><i>[Signature]</i></u>		<b>850.424.4201</b> <b>Michael L. Weimorts, Esq.</b> DATE <b>10/01/08</b>	