PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2011 DEC 29 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/11)

DOCUMENT # L08000028056

1. Limited Liability Company's Name
BILL Eisnor LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
14354 SW 142 AVE	551 DAL HALL BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	PMB 132
City & State	City & State
Miami FLA	Lake Placid
Zip / Country	Zip / Country
33186 / USA	33852 / USA

4. State/Country of Formation: FLA, USA

5. Date Organized or Qualified To Do Business in Florida: 3/18/2008

6. FEI Number: 262215276 ☐ 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: William J Eisnor JR.
Street Address (P.O. Box Number is Not Acceptable): 551 DAL HALL BLVD
Suite, Apt. #, Etc.: PMB 132
City: Lake Placid State: FL Zip Code: 33852

E-mail Address:
800215597708
12/29/11--01003--002 **377.50
eisnor@bellsouth.net
(To be used for future annual report notices)

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 _____ Date 12-21-2011
REGISTERED AGENT MUST SIGN

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
MGRM	William Eisnor	551 DAL HALL BLVD	Lake Placid FL
MGRM	Cynthia Eisnor	551 DAL HALL BLVD	Lake Placid FL 33852
	REINSTATEMENT -2010 & 2011		

11. 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. 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 Managing Member/Manager _____ Date 12-21-11 Daytime Phone # 786-493-9825

Typed or printed name of signing Managing Member/Manager: William Eisnor

appraisal

bill eisnor INC. REALTORS

Carolyn Lewis
Divisions of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

Dear Ms. Lewis:

I would like to reinstate my limited liability company Bill Eisnor LLC. I am also the president of Bill Eisnor Inc. I hereby give permission as president of Bill Eisnor Inc for the use of the name Bill Eisnor LLC by the owners of Bill Eisnor LLC.

I have attached your limited liability company reinstatement document.

I have also attached your check in the amount of $377.50.

Please let me know if there is anything else you need from me.

Sincerely,

William John Eisnor, Jr., SRA, SRPA, MAI
State Certified General
Real Estate Appraiser Number 0000163

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA