

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2012 JAN 25 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L08000049240

1. Limited Liability Company's Name

Plan B Real Estate LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 1005 SR 84		3. Mailing Office Address 1005 SR 84	
Suite, Apt. #, etc. Suite #105		Suite, Apt. #, etc. Suite #105	
City & State Ft. Lauderdale		City & State Ft. Lauderdale	
Zip FL	Country 33315	Zip FL	Country 33315

4. State/Country of Formation FL	
5. Date Organized or Qualified To Do Business in Florida 5/16/08	
6. FEI Number 262883319	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Tim A. Shane PA			
Street Address (P.O. Box Number is Not Acceptable) 4400 N Federal Hwy			
Suite, Apt. #, Etc. 307			
City Boca Raton	State FL	Zip Code 33431	

E-mail Address: 000217979640 01/11/12--01025--017 **100.00 Tim@planbrealstate.net (To be used for future annual report notices)	
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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 Robert P. Berkman Date 1/5/12
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
MGR	Timothy R. Akers	1501 SW 52 Ter.	Plantation, FL 33317

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01/25/12--01006--006 **138.75

REINSTATEMENT 12
OK 125-12

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 Timothy R. Akers Date 1/5/12 Daytime Phone # 954-205-7976

Typed or printed name of signing Managing Member/Manager Timothy R. Akers