PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
10 NOV 30 PM 1:36
SECRETARY OF STATE
DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

BK

600188195936

CR2E041 (05/10)

DOCUMENT # L08000093911

1. Limited Liability Company's Name

ORTHO REALTY HOLDINGS, LLC

10

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
6708 Bird Road	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
418	
City & State	City & State
CORAL GABLES, FLORIDA	
Zip / Country	Zip / Country
33143 / USA	

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida OCTOBER 03, 2008

6. FEI Number
263053951
☐ 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
RICHARD J. ALAN CAHAN C/O BECKER & POLIAKOFF, P.A.

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

Suite, Apt. #, Etc.
10TH FLOOR

City / State / Zip Code
CORAL GABLES / FL / 33134

BK

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 11/15/10

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	JOHN P. WILKERSON, JR.	6705 RED ROAD, SUITE 418	CORAL GABLES, FL 33143

REINSTATEMENT 2010

11. E-mail Address: rcahan@becker-poliakoff.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 11/15/10 Daytime Phone # 305-669-4426

Typed or printed name of signing Managing Member/Manager JOHN P. WILKERSON, JR.

CORPORATION SERVICE COMPANY®

L08000093911

ACCOUNT NO. : I20000000195

REFERENCE : 591631 7108498

AUTHORIZATION :

COST LIMIT : $238.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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ORDER DATE : November 30, 2010

ORDER TIME : 9:40 AM

ORDER NO. : 591631-005

CUSTOMER NO: 7108498

DOMESTIC FILINGS

NAME: ORTHO REALTY HOLDINGS, LLC

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2010 NOV 30 AM 10:43

TO ACKNOWLEDGE
SUFFICIENCY OF FILING

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - Ext# 2956

EXAMINER'S INITIALS _____