PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2009 DEC 30 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
600164063776
12/30/09--01037--001 **238.75

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (11/09)

DOCUMENT # L08000096446

1. Limited Liability Company's Name

REML Properties, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1951 N.W. 19th Street	1951 N.W. 19th Street
Suite, Apt. # etc: 200	Suite, Apt. # etc: 200
City & State: Boca Raton	City & State: Boca Raton
Zip: 33431 Country: US	Zip: 33431 Country: US

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 10/10/08

6. FEI Number: ☐ 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: Gary N. Gerson

Street Address (P.O. Box Number is Not Acceptable): 1645 Palm Beach Lakes Blvd.

Suite, Apt. #, Etc: Suite 1200

City: West Palm Beach State: FL Zip Code: 33401

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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 _____
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	Robert Falcone	1951 NW 19th Street	Boca Raton, FL 33431

11. E-mail Address: bob@falconegroup.info
(To receive notice of future Annual Report reminders)

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: 12/28/09 Daytime Phone #: _____

Typed or printed name of signing Managing Member/Manager: _____