

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2011 OCT 25 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L10000117465

1. Limited Liability Company's Name

Realty of Celebration LLC

2. Principal Office Address - No P.O. Box #

315 Grand Magnolia Ave
Suite, Apt. #, etc. 20213

City & State Celebration FL

Zip 34747 Country USA

3. Mailing Office Address

315 Grand Magnolia Ave
Suite, Apt. #, etc. 20213

City & State Celebration FL

Zip 34747 Country USA

4. State/Country of Formation

FL USA

5. Date Organized or Qualified To Do Business in Florida

11/12/10

6. FEI Number

273960610

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required for a Certificate of Status

CR2E041 (1/11)

8. Name and Address of Current Registered Agent

Name Gregory Perrino

Street Address (P.O. Box Number is Not Acceptable) 315 Grand Magnolia Ave #20213

Suite, Apt. #, Etc 20213

City Celebration

State FL

Zip Code 34747

E-mail Address:

gregory.perrino@yahoo.com
(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

[Signature]

Date 10/19/11

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	Gregory Perrino	315 Grand Magnolia Ave Apt. T-20213 celebration, FL 34747	600213640666 10/03/11--01003--011 **25.00
			600213640666 10/25/11--01002--024 **213.75

REINSTATEMENT

11 10-25-11

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

[Signature]

Date 10/19/11

Daytime Phone #

407-744-2664

Typed or printed name of signing Managing Member/Manager