PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

31 80

DOCUMENT # L13000069974

1. Limited Liability Company's Name LNM REAL ESTATE LLC

16 JUL 19 AM 10: 40

SECRETARY OF STATE

Dale July 11 2014 Daytime Phone # 561-847 -1781

				30 07/19	0028812698 9/1601011004 *	3:3 *243.75	
2. Principal Office Address - No P.O. Box#		3. Mailing Office Address			CR2E041 (1/14)		
2700 N. Ocean Drive		2700 N. Ocean Dr.			State/Country of Formation Florida USA Date Organized or Qualified		
Suite Apt #, etc Apt. 2001A		Suite, Apt #, etc. Apt. 2001A					
				To Do Bus	To Do Business in Florida 05/13/2013		
city& State Riviera Beach, FL.		City & State Riviera Beach, Fl.		6. FEI Num	6. FEI Number Applied For 46-4464659 Not Applicabl		
		· · · · · · · · · · · · · · · · · · ·		46-4464			
Ζιρ 33404	USA	33404	Country	7. CERTIFICATE	OF STATUS DESIRED For a certif	itional Fee required ficate of status	
	8. Name and Addre	ess of Current Registere	d Agent				
_{Name} Mark M Mos	er		· ···				
Street Address (P.O. Box Number is Not Acceptable) Suite, 2700 N. Ocean Drive							
Apt. #, Etc. Apt. 2001A							
_{City} Riviera Bead	ch	<u>.</u>	State Zip Code 33404				
Signature of Registered Age		REGISTERED AGENT MU	ST SIGN		Date July 1)	90 J/	
Titles	and Street Addresses of Authorized Representatives/Manag Name of Authorized Representatives/ Managers		Street Address of Each Authorized Representative/ Manager		City / State / Zip		
	Mark M Moser		2700 N. Ocean Dr. Apt. 2001A		Riviera Beach/FL/33404		
	Meite Moser		839 Sauve Ct.		Vancouver/BC/V7K-3C8 CA		
					S. HAWKES		
	REINS	TATEM	ENT		JUL 2 0 AM		
2011					EXAMINED		
	aure	$-\Delta U K_{\mathcal{C}}$	>		Zn. S		
11, E-mail Addr	ess: mmoser57@gmail.c						
certify that whe 605 0012, F.S., shall have the s	n filing this reinstatement applical , and that all fees owed by the lim	e/ manager or the receive ion the reason for dissolu ted liability company have	tion has been etiminated, the been paid, The information	ecute this application limited liability compa	as provided for in Chapter 605, F any name satisfies the requirement lication is true and accurate, and no partment of State constitutes a thin	nt of section	