

READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2016 OCT 14 AM 9:14

SECRETARY OF STATE  
TALLAHASSEE, FL 32399

DOCUMENT # L13000145061

1. Limited Liability Company's Name

REAL SPACE AGENTS LLC

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

9280 SW 146 ST

Suite, Apt. #, etc.

3. Mailing Office Address

9280 SW 146 ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33176

Country

USA

Zip

33176

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

FL USA

5. Date Organized or Qualified  
To Do Business in Florida

10/12/13

6. FEI Number

46-4438350

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

GEORGE MAYSONET

Street Address (P.O. Box Number is Not Acceptable) Suite,

9280 SW 146 ST

Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33176

800291258978  
10/14/16--01028--015 \*\*238.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/12/16

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	GEORGE MAYSONET	9280 SW 146 ST.	Miami, FL 33176

OCT 14 2016

R. HUNT

11. E-mail Address

REAL SPACE AGENTS @G-MAIL.COM

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member

Date

10/12/16

Daytime Phone #

305-525-0771

Typed or printed name of signing authorized representative/member

GEORGE MAYSONET