

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.
FILED

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 AUG 22 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000001500

1. Limited Liability Company's Name

SQUIRE REALTY, L.L.C.

500007316255--9

-08/23/02--01065--002

****200.00 ****200.00

2. Principal Office Address

1071 Belle Aire Dr. W.
Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip

33027

Country

3. Mailing Office Address

1071 Belle Aire Dr. West
Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip

33027

Country

4. State/Country of Formation

Florida, US

5. Date Organized or Qualified
To Do Business in Florida

August 18, 1998

6. FEI Number

650856066

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

Atrium Registered Agents, Inc.

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

1500 San Remo Avenue

Suite, Apt. #, Etc.

125

City

Coral Gables

State

FL

Zip Code

33146

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

ATRIUM REGISTERED AGENTS, INC.

Robert Stamen, V.P.

Robert Stamen

REGISTERED AGENT MUST SIGN

Date

8/19/02

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
MGRM	Irene Squire	1071 Belle Aire Drive W.	Hollywood, FL 33027

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.

Signature of

Managing Member/Manager

Irene Squire

Date

8/14/02

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Irene Squire Manager

CR25041 (9/01)