| LIMITED LIABILITY |
|-------------------|
| COMPANY |
| REINSTATEMENT |



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

3. Mailing Office Address

| | DOCUMENT # / | 98000001 | 755 |
|--|--------------|----------|-----|
|--|--------------|----------|-----|

Typed or printed name of signing Managing Member/Manager ___

1. Limited Liability Company's Name

2. Principal Office Address

Van To' Realty LLC

FILED

JUN 13 AM 9: 20

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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| - I IIIIcipai Ci | ilice Address | Training Chico receive | • | | | | | | | |
|---|--|------------------------------|---------------------------------|---|----------------------------------|------------------|--|--|--|--|
| 550 | Biltmore Way | P.O. BOX 14 | 3675 | 4. State/Country of Forma | ation | | | | | |
| Suite, Apt. #, etc | с. | Suite, Apt. #, etc. | | FL/USH | | | | | | |
| -54:1e | -770- · · · _ | / | | 5. Date Organized or Qua To Do Business in Flori | | <i>₹</i> | | | | |
| City & State | Gables | City & State 69 | 6/5 | 6. FEI Number | | Applied For | | | | |
| Cord | FC. | Coral G | Js FC | \$59-35. | — | Not Applicable | | | | |
| Zip | Country | Zip | Country | 7. CERTIFICATE OF STATUS | \$5.00 Addition | nal Fee required | | | | |
| 33/34 | 1 Dade | 33/34 | Dagle | CERTIFICATE OF STATUS | for a Certific | cate of Status | | | | |
| 8. Name and Address of Current Registered Agent | | | | | | | | | | |
| ^ | Joe Slater | | | | | l l | | | | |
| 9 | Street Address (P.O. Box Number is No | | | | | 1 | | | | |
| _ | 550 Billmore | Way | | | | 4 | | | | |
| | Suite, Apt. #, Etc. | | | | | | | | | |
| - | Ditv | | | State | Zip Code | 1 | | | | |
| | Cord Gables | No. of Profession & | <u> </u> | FL | 33/34 | | | | | |
| 9. I, being app | pointed the registered agent of the above | e named limited liability co | mpany, am familiar with and | accept the obligations of Char | oter 608, F.S. | | | | | |
| Signature of | Chola | 0-11 | | , | 6/6/00 | | | | | |
| Registered Age | nt VIVE | GISTERED AGENT MUST | SIGN | Date | 0,900 | | | | | |
| 10. Names ar | nd Street Addresses of Managing Mem | to Mario Paris of | | | | | | | | |
| Titles | Name of | | Street Address of Eac | | City / State / Zip | | | | | |
| 111165 | Managing Members/Manage | ers Managing Member/Mar | | ager Oity / State / ZIP | | | | | | |
| | Toc Slater | 550 | Biltman Way | Sute 770 Con | al bables FL | 33/34 | | | | |
| | JOE 5/4/0 | | | | | | | | | |
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| | | | | | | | | | | |
| | 15.55 | | | | | | | | | |
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| | | | | | | | | | | |
| 44 14: 97 9 | | the resolver of trustee | neward to avanue this can | alication as provided for in the | oter 608 E.S. Liturather certifo | that when | | | | |
| filing this re | at I am managing member/manager or einstatement application the reason for red by the limited liability company have | dissolution has been elimin | ated, the limited liability com | pany name satisties the require | ements of section 608,406, F | .S., and that | | | | |
| | e under oath. | Deen paid. The information | посатей от так аррасатог | no nue anu accurate, anu my : | organica o organica ve mo ozm | 5 .5ga. 011001 | | | | |
| Signature of | 1 / Clat | FOT | n 6 | | no# 205-443-20 | 909 | | | | |
| Managing Mem | Der/Manager | N | Date 0/ | Daytime Pho | me" <u>707 172 0</u> | ·/ | | | | |
| Tunnel or prints | a | | < 1cHp- 11 | , | | | | | | |

A.J. Slater II