

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 FEB -3 AM 11:32

DOCUMENT # L990000003146

1. Limited Liability Company's Name

Central Florida Realty of Cocoa Beach, L.L.C.

000142411780
01/29/09--01041--009 **282.50

CR2E041 (10/08)

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

102 W. Central Blvd.

Suite, Apt. #, etc.

City & State

Cape Canaveral, FL

Zip

32920

Country

3. Mailing Office Address

443 Johnson Ave.

Suite, Apt. #, etc.

Suite 402

City & State

Cape Canaveral, FL

Zip

32920

Country

4. State/Country of Formation

**5. Date Organized or Qualified
To Do Business in Florida**

June 2, 1999

6. FEI Number

59-3579020

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

Peggy E. Averbuch

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

443 Johnson Ave.

Suite, Apt. #, Etc.

Suite 402

City

Cape Canaveral

State

FL

Zip Code

32920

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

Peggy E. Averbuch
REGISTERED AGENT MUST SIGN

Date 1-27-09

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	Peggy E. Averbuch	443 Johnson Ave., Suite 402	Cape Canaveral, FL 32920
MGR	Monte C. Strusiner	401 Huehl Rd., Suite 1A	Northbrook, IL 60062

REINSTATEMENT 2008-09 JB

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

Peggy E. Averbuch

Date 1-27-09

Daytime Phone # 321-432-9931

Typed or printed name of signing Managing Member/Manager

Peggy E. Averbuch