

**L 99 000006826**

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
03 APR 15 PM 2:46  
SECRETARY OF STATE,  
TALLAHASSEE, FLORIDA

DOCUMENT # **L99000006826**

1. Limited Liability Company's Name

**Realty Investments, LLC**

700011413017  
01/30/03--01106--001 \*\*150.00

2. Principal Office Address

**2611 Sunset Drive**  
Suite, Apt. #, etc.

3. Mailing Office Address

**P.O. Box 20452**  
Suite, Apt. #, etc.

City & State

**TAMPA FL**

City & State

**TAMPA FL**

Zip

**33629**

Country

**USA**

Zip

**33622**

Country

**USA**

4. State/Country of Formation

**Florida**

5. Date Organized or Qualified

To Do Business in Florida **2/8/00**

6. FEI Number

**59-3613657**

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

**Louis J VARSAMES**

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

**7311 Pelican Island Drive**

Suite, Apt. #, Etc.

City

**TAMPA**

State

**FL**

Zip Code

**33634**

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

**1-24-03**

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
MGR	GARVEY, Jim	18840 5 <sup>th</sup> St, SW	Lutz FL 33549
MGR	VARSAMES, Lou	7311 Pelican Island Dr	TAMPA FL 33634

**REINSTATEMENT 02-03**  
**AL**

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

*[Signature]*

Date

**1-24-03**

Daytime Phone #

**813-349-8371**

Typed or printed name of signing Managing Member/Manager

**Jim Garvey**

CR2E041 (10/02)