RE ON TRACTIONS OR COMPLETING THIS FORM.	
LIMITED LIABILITY  FLORIDA DEPARTMENT OF ST  Secretary of State	SECRETARY OF STATE DIVISION OF CORPORATIONS
COMPANY Secretary of State Division of CORP PRATIONS	03 DEC 31 PM 3: 04
1 49 0000 9314	
DOCUMENT #  1. Limited Liability Company's Name  EAP REAL ESTATE   NUEST MENT C	۵. د
EAP REAL ESTA	400026471764 01/08/04-01015-007 **175.00
, proportion	
2. Principal Office Address  2. Principal Office Address  3. Mailing Office Address  1.5 PROSPECT A	1 103 01054 009 4125
305 S.E. 9th AUE 15 PROSPECT F Suite, Apt. #, etc.  Suite, Apt. #, etc.	FEGILLE
	To Do Business in Florida
POMPANO SEACHER MONTELATION	Not Applicable
Zip Country USA OTOY2 Country USA	CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent	
Name KARL MOHR	
Street Address (P.O. Box Number is Not Acceptable)  4620 CON CORDIA LANE	
Suite, Apt. #, Etc.  State Zip Code	
City BOTTON BEACH FL 33436	
9. 1, 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 REGISTERED AGENT MUST SIGN	
10. Names and Street Addresses of Managing Members/Managers  Street Addresses	dress of Each City / State / Zip
Titles Managing Members/Managers Managing M	ember/Manager
1-2007-17-471005-15-PROSP	FCT -AU 190101221101012
REINSTATEMENT 2000 - 2003 F300 00	
ACHIO MILINEITI GOO GOO \$300.00	
	alt
	COO. T. C. L. Luster neglify that when
11.1 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 filing this reinstatement application the reason for dissolution has been eliminated, 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 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 all fees owed by the limited liability company have been paid.	
all fees owed by the infinite data in the control of the control o	
Signature of Managing Member/Manager	
Typed or printed name of signing Managing Member/Manager	