

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



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

FILED

99 DEC 28 PM 12:21

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # M97000000827

1. Limited Liability Company's Name

UNITED STATES REALTY INVESTORS, LLC.
P.O. BOX 3096
BALM BEACH, FLORIDA 33480

2. Principal Office Address

106 HAMMON AVE.

Suite, Apt. #, etc.

#1

3. Mailing Office Address

P.O. BOX 3096

Suite, Apt. #, etc.

City & State

BALM BEACH, FL.

City & State

BALM BEACH, FL.

Zip

33480

Country

FLORIDA

Zip

33480

Country

FLORIDA

4. State/Country of Formation

NEW JERSEY

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

22-3321953

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ ☐

8. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

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

1000 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

PLANNATION,

City

State

FL

Zip Code

33424

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

Connie Bryan

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date

12/30/99

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
MEMBER	STEDDEN I. RACHLIN	106 HAMMON AVE.	BALM BEACH, FL. 33480
			500003000055 - 8 -01/05/00--01005--006 ****150.00 ****150.00

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

Stedden I. Rachlin

Date

12/21/99

Daytime Phone #

(561)-659-1034

Typed or printed name of signing Managing Member/Manager

STEDDEN I. RACHLIN