

LIMITED LIABILITY
COMPANY
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 FEB 23 PM 1:59

DOCUMENT # M97000000827

1. Limited Liability Company's Name

UNITED STATES REANY INVESTORS, LLC

9/29/00

400003782034--3
-02/27/01--01033--004
****200.00 ****200.00

2. Principal Office Address

2901 CLINT MOORE RD

3. Mailing Office Address

2901 CLINT MOORE RD

Suite, Apt. #, etc.

Suite 324

Suite, Apt. #, etc.

Suite 324

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33496

Country

US

Zip

33496

Country

US

4. State/Country of Formation

NJ

5. Date Organized or Qualified
To Do Business in Florida

12/9/97

6. FEI Number

223321953

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐\$3.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

CT CORPORATE SYSTEMS

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

1200 S. PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

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

C. J. RACHLIN (ATTY IN FACT)

Date 2/7/01

REGISTERED AGENT MUST SIGN

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/ MBR	ANDREW J. RACHLIN	2901 CLINT MOORE RD #324	BOCA RATON FL 33496
MBR	STEPHEN J. RACHLIN	2901 CLINT MOORE RD #324	BOCA RATON, FL 33496

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

C. J. RACHLIN

Date 2/7/01 Daytime Phone# (561) 865 9771

Typed or printed name of signing Managing Member/Manager

ANDREW J. RACHLIN