

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2008 NOV 24 AM 11:10

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**DOCUMENT # P99000042534**

1. Limited Liability Company's Name

REAL ESTATE EXCHANGE SERVICES, INC.

11-25-08

600138236656  
11/24/08--01053--003 \*\*900.00

**REINSTATEMENT**

07-08

2. Principal Office Address - No P.O. Box # 1601 JACKSON STREET		3. Mailing Office Address SAME	
Suite, Apt. #, etc. SUITE 200		Suite, Apt. #, etc.	
City & State FORT MYERS, FL		City & State	
Zip 33901	Country USA	Zip	Country

4. State/Country of Formation FL	
5. Date Organized or Qualified To Do Business in Florida 5/11/99	
6. FEI Number 59-3574703	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name CAPTOL CORPORATE SERVICES, INC.			
Street Address (P.O. Box Number is Not Acceptable) 155 OFFICE PLAZA DRIVE			
Suite, Apt. #, Etc. SUITE A			
City TALLAHASSEE	State FL	Zip Code 32301	

☐ 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 Bayle Wendle, asst sec Date 11-12-2008

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
D	GERARD A. MCHALE, JR.	1601 JACKSON STREET, SUITE 200	FORT MYERS, FL 33901

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 Gerard A. Mchale, Jr. Date 11/20/08 Daytime Phone # 239 737 0808

Typed or printed name of signing Managing Member/Manager GERARD A. MCHALE, JR.