

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 27 PM 11:02

DOCUMENT # 2 00266

1. Limited Liability Company's Name

NEMANSTEIN REALTY, L.C.
311 MARKET STREET
KINGSTON PA 18704

2. Principal Office Address

5428 UNIVERSITY BLVD

Suite, Apt., #, etc.

CHARCOAL PLAZA

City & State

LAUDERHILL FL

Zip

Country

USA

3. Mailing Office Address

Suite, Apt., #, etc.

311 MARKET ST

City & State

KINGSTON PA

Zip

Country

18704

USA

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified
To Do Business in Florida

08-01-1990

6. FEI Number

65-0211981

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

DAVID KORAL

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

15645 COLLINS AVE

Suite, Apt., #, Etc.

UNIT 906

City

MIAMI BEACH FLORIDA

State

FL

Zip Code

33160

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

David Korral

REGISTERED AGENT MUST SIGN

Date 10 23 00

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
MGMT	Koral, David	15645 COLLINS AVE #906	Miami Beach FL 33160

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

David Korral

Date 10/23/00

Daytime Phone # 570 288 6488

Typed or printed name of signing Managing Member/Manager