

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


04 JUL 20 PM 1:38

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

7/20

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000017568

1. Limited Liability Company's Name
12970 Realty, LLC.

2. Principal Office Address 4775 NW 132nd Street Suite, Apt. #, etc. -		3. Mailing Office Address 200 S. Biscayne Blvd Suite, Apt. #, etc. 4100	
City & State Miami, FL 33054		City & State Miami, FL 33131	
Zip 33054	Country US	Zip 33131	Country US

4. State/Country of Formation Florida, US	
5. Date Organized or Qualified To Do Business in Florida 07/12/02	
6. FEI Number 56-2344001	Applied For 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
Corporate International Registered Agents, Inc.

Street Address (P.O. Box Number Is Not Acceptable)
200 S. Biscayne Boulevard

Suite, Apt. #, Etc.
4100

City
Miami

State
FL

Zip Code
33131

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 [Signature] Date 7/14/04

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	George Dosal	4775 NW 132nd Street	Miami, FL 33054
MGR	Yolanda Nader	4775 NW 132nd Street	Miami, FL 33054

REINSTATEMENT

2003
2004

300029229153
07/20/04--01042--004 **200.00

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 [Signature] Date 7/14/04 Daytime Phone # 305-685-2949

Typed or printed name of signing Managing Member/Manager Yolanda Nader

CR2ED041 (10/02)