


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 MAY 10 PM 12:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L07000013118

1. Limited Liability Company's Name

AC HOM, LLC

400178053064  
04/27/10 01017 020 516.25  
CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 2929 SW Third Ave.		3. Mailing Office Address 2929 SW Third Ave.	
Suite, Apt. #, etc. 330		Suite, Apt. #, etc. 330	
City & State Miami, FL		City & State Miami, FL	
Zip 33129	Country USA	Zip 33129	Country USA

4. State/Country of Formation Florida, USA	
5. Date Organized or Qualified To Do Business in Florida 02/05/2007	
6. FEI Number	<input checked="" 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  
Geoffrey M. Wayne P.A.

Street Address (P.O. Box Number is Not Acceptable)  
2929 SW Third Ave

Suite, Apt. #, Etc.  
330

City  
Miami

State  
FL

Zip Code  
33129

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 *Geoffrey M. Wayne* Date April 20, 2010

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
MGRM	Cabalceta Vara, Hernan	1 Grove Isle Dr. Apt. 308A	Miami, FL 33133
MGRM	Cabalceta Fernandez, Aldo	1 Grove Isle Dr. Apt. 308A	Miami, FL 33133

JB

**REINSTATEMENT 2008-10**

11. E-mail Address: mf@abogadomiami.com (To be used for future annual report notifications)

12. 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 *Hernan Cabalceta Vara* Date 04/20/2010 Daytime Phone # 305.381.8108

Typed or printed name of signing Managing Member/Manager Hernan Cabalceta Vara