

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

2009 OCT 14 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 607 0000 88704

1. Limited Liability Company's Name

FISHING FOR HOMES, LLC

2. Principal Office Address - No P.O. Box # 81610 OVERSEAS HIGHWAY		3. Mailing Office Address 81610 OVERSEAS HIGHWAY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ISLAMORADA, FL		City & State ISLAMORADA, FL	
Zip 33036	Country USA	Zip 33036	Country USA

4. State/Country of Formation FL/USA	
5. Date Organized or Qualified To Do Business in Florida 08/28/07	
6. FEI Number 26-0810041	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
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
JOE A. CATARINEAU, ESQ.

Street Address (P.O. Box Number is Not Acceptable)
91750 OVERSEAS HIGHWAY

Suite, Apt. #, Etc.

City
TAVERNIER

State
FL

Zip Code
33070

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 [Signature] Date 10/6/09

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	SABRINA WAMPLER	81610 OVERSEAS HIGHWAY	ISLAMORADA, FL 33036
MGRM	SARAH SHEEN	81610 OVERSEAS HIGHWAY	ISLAMORADA, FL 33036

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REINSTATEMENT

10-15-09

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 10/7/09 Daytime Phone # 305-343-2700

Typed or printed name of signing Managing Member/Manager _____