

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

01 DEC 17 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L 00000011470**

1. Limited Liability Company's Name

IMAGINATION HOMES, LLC

2. Principal Office Address

19455 NW 79 PL.
Suite, Apt. #, etc.

3. Mailing Office Address

SAME
Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

33015

Country

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

65-1055370

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

LUIS M. RODRIGUEZ

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

19800 NW 86 CT

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33015

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

REGISTERED AGENT MUST SIGN

Date

11/15/01

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
MEM	JOSE L. RODRIGUEZ	70 E 51 PL	HALEAH, FL 33013
MEM	LUIS M. RODRIGUEZ	19800 NW 86 CT	MIAMI FL 33015

REINSTATEMENT

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

Date **11/15/01**

Daytime Phone #

305-819-0500

Typed or printed name of signing Managing Member/Manager

LUIS M. RODRIGUEZ

CR2E041 (9/01)