

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.

City & State

**MIAMI FL**

Zip

**33015**

Country

3. Mailing Office Address

**SAME**

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number

**05-1055370**

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for Certificate of Status

8. Name and Address of Current Registered Agent

Name

**LUIS M. RODRIGUEZ**

**900004739259-3**

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

**19800 NW 86 CT**

**-12/26/01--01069--004**

Suite, Apt. #, Etc.

**\*\*\*150.00 \*\*\*150.00**

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

Date

**11/15/01**

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
<b>MGRM</b>	<b>JOSE L. RODRIGUEZ</b>	<b>70 E 51 PL</b>	<b>HALEAH, FL 33013</b>
<b>MGRM</b>	<b>LUIS M. RODRIGUEZ</b>	<b>19800 NW 86 CT</b>	<b>MIAMI FL 33015</b>

**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)