Division of Corporations L00000002565

Florida Department of State

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LIMITED LIABILITY REINSTATEMENT

HOMEVEST, L.L.C.

Certificate of Status	0
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$100.00

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N. Culligan APR 24 2006

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TALLAHASSEE, FLORIDA

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L00000002585

1. Entity Name
HOMEVEST, L.L.C.

Principal Place of Business	Mailing Address
1241 SEMORAN BOULEVARD SUITE 185 CASSELBERRY, FL 32707	~~1241 SEMORAN BOULEVARD SUITE 185~~ ~~CASSELBERRY, FL 32707~~

04112006 REIN-LLC CR2E101 (11/05)

2. Principal Place of Business		3. Mailing Address	
		10707 Clay Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Houston, TX	
Zip	Country	Zip 77041	Country USA

4. FEI Number: 59-3642696 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WESTSTONE CORPORATION 10707 CLAY ROAD HOUSTON, TX 77041	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 4/14/06 713/877-2425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Steven E. Lane, Vice President of Weststone Corporation, Manager