

Division of Corporations

Page 1 of 1

L000000002565

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000107906 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 205-0283

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

FILED
06 APR 21 AM 9:44
TALLAHASSEE
FLORIDA
SECRETARY OF STATE

*File 1st!
Before Audit #
H06-107909
Thank you!
Dewi*

LIMITED LIABILITY REINSTATEMENT

HOMEVEST, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$200.00

\$100.00

RECEIVED
06 APR 21 PM 1:26
DIVISION OF CORPORATION

Electronic Filing Menu

Corporate Filing Menu

Help

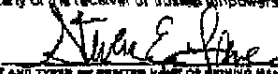
U-2565

04/21/2006 12:18 8508785926
04/20/2006 14:25 7136589720

CT CORPORATION SYSTM
CT CORP

FILED
02/02
02/04
APR 21 AM 9:44
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L00000002585			
1. Entity Name HOMEVEST, L.L.C.			
Principal Place of Business 1241 SENORAN BOULEVARD SUITE 185 CASSELBERRY, FL 32707		Mailing Address 1241 SENORAN BOULEVARD SUITE 185 CASSELBERRY, FL 32707	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Houston TX		4. FEI Number 59-3642898	
Zip 77041	Country USA	5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CT 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 individual agent and title if applicable (Typed Registered Agent signature required when reinstating) DATE			
FILE NOW! FEE IS \$100.00		In accordance with s. 807.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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
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 included 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: 		4/14/06 713/877-2425	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Designee Phone #	

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