

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

02 FEB -1 AM 7:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000012639

1. Limited Liability Company's Name

UNIVERSAL HOMES LLC

2. Principal Office Address

6205 LAKE WILSON RD

Suite, Apt. #, etc.

SUITE B

City & State

DAVENPORT FL

Zip

33837

Country

USA

3. Mailing Office Address

6205 LAKE WILSON RD

Suite, Apt. #, etc.

SUITE B

City & State

DAVENPORT FL

Zip

33837

Country

USA

4. State/Country of Formation

FL USA

5. Date Organized or Qualified
To Do Business in Florida

09 2000

6. FEI Number

☒ 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

ANJALEG PATEL

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

6205 LAKE WILSON RD

Suite, Apt. #, Etc.

SUITE B

City

DAVENPORT

State

FL

Zip Code

33837

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

X ANJALEG PATEL

Date

1-30-02

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
MRS	ANJALEG PATEL	6205 LAKE WILSON RD	DAVENPORT, FL 33837
MR	BALAKISHNA M. PATEL	6205 LAKE WILSON RD	DAVENPORT - FL 33837

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

X ANJALEG PATEL

Date

1-30-02

Daytime Phone #

863-420-0621

Typed or printed name of signing Managing Member/Manager

ANJALEG PATEL