

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

01 OCT 17 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L00000014512

1. Limited Liability Company's Name

ORLANDO HOMES BY ELITE, LLC

2. Principal Office Address

622 EAGLE POINTES

Suite, Apt. #, etc.

3. Mailing Office Address

622 EAGLE POINTE S,

Suite, Apt. #, etc.

City & State

KISSIMMEE FL.

City & State

KISSIMMEE FL

Zip

34746

Country

U.S.A.

Zip

34746

Country

U.S.A.

4. State/Country of Formation

FLORIDA U.S.A.

5. Date Organized or Qualified  
To Do Business in Florida

27/11/2000

6. FEI Number

59-3684133

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$300 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

SPIEGEL + UTRERA, P.A. LAWYERS

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

343 ALMERIA AVENUE

Suite, Apt. #, Etc.

500004652605-4

-10/25/01-01025-026

\*\*\*\*\*50.00 \*\*\*\*\*50.00

City

CORAL GABLES

State  
FL

Zip Code

33134

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

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
MR	GRAHAM RITCHIE (mgr)	622 EAGLE POINTES	KISSIMMEE, FL. 34746
MRS	MHORAG RITCHIE (mgr)	622 EAGLE POINTE S	KISSIMMEE FL. 34746

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

G. Ritchie

Date

10/15/06

Daytime Phone #

407-390-1457

Typed or printed name of signing Managing Member/Manager

GRAHAM RITCHIE

CR2E041 (9/01)