

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

02 JAN -2 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L00000015625**

1. Limited Liability Company's Name

MAXIM HOMES LLC

2. Principal Office Address

707 N. ALAFAYA TRAIL

Suite, Apt. #, etc.

#413

City & State

ORLANDO, FLORIDA

Zip

32828

Country

U.S.A

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

DEC. 12 / 2000

6. FEI Number

58-2592917

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

CT CORPORATION SYSTEM

500004761865-2

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

1200 S. PINE ISLAND ROAD

-01/09/02--01029--013

*****150.00 ***150.00**

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

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

Barbara A. Burke

**BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY**

Date

12-26-01

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
PRESIDENT	GORDON J. EMMONS	2690 BALLARD AVE	ORLANDO, FL 32833
TREASURER	CHERYL EMMONS	2690 BALLARD AVE	ORLANDO, FL 32833

REINSTATEMENT

**01
dec**

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

Gordon J. Emmons

Date

12/14/01

Daytime Phone #

407 766 4816

Typed or printed name of signing Managing Member/Manager

GORDON J. EMMONS

CR2E041 (9/00)