

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAR -7 AM

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

Las Olas Custom Homes, LLC

LO1000005163

3/7 2002-2003

900013691999

03/07/03--01041--025 **200.00

2. Principal Office Address

2525 Sea Island Drive

Suite, Apt. #, etc.

3. Mailing Office Address

2525 Sea Island Drive

Suite, Apt. #, etc.

City & State

Fort Lauderdale, Florida

City & State

Fort Lauderdale, Florida

Zip

33301

Country

USA

Zip

33301

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

04/03/2003

6. FEI Number

367-50-1024

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

Robert E. Murdoch, Esquire

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

Johnson Anselmo Murdoch Burke & George, P.A.

Suite, Apt. #, Etc.

790 East Broward Boulevard, Suite 400

City

Fort Lauderdale

State

FL

Zip Code

33301

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

Robert E. Murdoch

Date 2/19/03

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
MGRM	Lawrence A. Schlusel	2525 Sea Island Drive P.O. BOX 251895	Fort Lauderdale, Florida 33301 ORCHARD LAKE mich 48325

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

Lawrence A. Schlusel

Date

2/26/03

Daytime Phone #

248-6813935

Typed or printed name of signing Managing Member/Manager

Lawrence A. Schlusel

CR2E041 (10/02)