

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jill Smith
Secretary of State
DIVISION OF CORPORATIONS

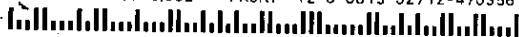
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

1. DOCUMENT # L01000011052

Name and Mailing Address

02 NOV 12 AM 10:45

0000340 01 FP 0.352 **PRSR T2 0 0615 32712-470356



COUNTRYSIDE HOMES, L.L.C.

356 SPEYSIDE LANE

APOPKA FL 32712-4703

REINSTATEMENT

2002



2. New Mailing Address

City, State, Zip

Principal Place of Business

356 SPEYSIDE LANE
APOPKA FL 32712

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

07/09/2001

6. FEI Number

59-3730080

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

DECUBELLIS & MEEKS, P.A.
ATTN: DANIEL L. DECUBELLIS
837 NORTH GARLAND AVE.
ORLANDO FL 32801

9. Name and Address of New Registered Agent

Name Robert S. Walsh

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

356 Speyside Ln.

City APOPKA

FL

Zip Code 32712

10. 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 S. Walsh

Date 11-05-02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MM	Robert S. Walsh	356 Speyside Ln	Apopka, FL 32712
MM	Samuel F. SEARS	740 MUIRFIELD CIR	Apopka, FL 32712

REINSTATEMENT

2002

700008944477
11/12/02--01143--005 **150.00

12. I certify that I am managing member/manager of 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

Samuel F. SEARS

Date 11-5-2002

Daytime Phone # 407-4677888

Typed or printed name of signing Managing Member/Manager

SAMUEL F. SEARS

CR2EC84 (8/02)