

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000019091

1. Limited Liability Company's Name

FAMILYCRAFT CUSTOM HOMES, LLC

9/26/03

FILED

03 OCT 13 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

PAGE ①

2. Principal Office Address

4830 W. Kennedy Blvd.

Suite, Apt. #, etc.

Ste 695

City & State

Tampa FL

Zip

33609

Country

3. Mailing Office Address

4830 W. Kennedy Blvd.

Suite, Apt. #, etc.

Ste 695

City & State

Tampa FL

Zip

33609

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

11/06/2001

6. FEI Number

59-3753720

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

Harris, Roland A.

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

4830 W. Kennedy Blvd.

Suite, Apt. #, Etc.

Ste 695

City

Tampa

State

FL

Zip Code

33609

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

SEE SIGNATURE ON ATTACHED PAGE

Date

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	Penland Ventures,	4830 W. Kennedy Blvd.	Tampa FL 33609
	Incorporated	Ste 695	
			200023533302
			10/13/03--01050--002 **155.00
		REINSTATEMENT 2003	
		BK	

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

Date 10-7-03

Daytime Phone # 813-282-8834

Typed or printed name of signing Managing Member/Manager Penny R. Kocarek, Director, Secretary

LIMITED LIABILITY COMPANY
REINSTATEMENT

FLORIDA SECRETARY OF STATE

Secretary of State
Division of Corporations

L01000019091

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To Do Business in Florida

11/06/2001

6. FEI Number

59-3753720

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Not Applicable

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\$3.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Harris, Roland A.

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

4830 W. Kennedy Blvd.

Suite, Apt. #, Etc.

Ste 695

City

Tampa

State

FL

Zip Code

33609

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

Roland A. Harris

Date 10/8/03

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	Penland Ventures,	4830 W. Kennedy Blvd.	Tampa FL 33609
	Incorporated	Ste 695	

REINSTATEMENT 2003

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Signature of

Managing Member/Manager

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager Penny R. Kocarek, Director, Secretary