LIMITED LIABILITY COMPANY REINSTATEMENT

Secretary of State

**DIVISION OF CORPORATIONS** 

4830 W. Kennedy Blvd.

3. Mailing Office Address

Suite, Apt. #, etc.

Ste 695

Tampa FL

City & State

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DOCUMENT # L01	1000019091	

1. Limited Liability Company's Name

4830 W. Kennedy Blvd.

Country

2. Principal Office Address

Suite, Apt. #, etc.

Ste 695

Tampa FL

City & State

FAMILYCRAFT CUSTOM HOMES, LLC

6. FEI Number

03. OCT 13 PM 3: 29

4. State/Country of Formation Florida 5. Date Organized or Qualified To Do Business in Florida 11/06/2001

FILED

59-3753720			Not Applicabl
7. CERTIFICATE OF STATUS DESIRED	, <u> </u>	\$5.00 Add	itional Fee require

Applied For

33609 33609 8. Name and Address of Current Registered Agent Harris, Roland A. Street Address (P.O. Box Number is Not Acceptable) 4830 W. Kennedy Blvd. Suite, Apt. #, Etc. Ste 695 City State Zip Code 33609 Tampa

Country

sture of SEE SIGNATURE ON ATTACHED PAGE		. Date		
	ED AGENT MUST SIGN			
es and Street Addresses of Managing Members/Ma	nagers			
Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City/State/Zip		
Penland Ventures,	4830 W. Kennedy Blvd.	Tampa FL 33609		
Incorporated	Ste 695			
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	A //			
	17/6			
d	REGISTERE s and Street Addresses of Managing Members/Man Name of Managing Members/Managers  Penland Ventures,	REGISTERED AGENT MUST SIGN  as and Street Addresses of Managing Members/Managers  Name of Street Address of Each Managing Members/Managers  Penland Ventures, 4830 W. Kennedy Blvd.  Incorporated Ste 695		

when filing this rejustatement 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 out. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under eath.

Signature of

Managing Member/Manager

Date 16-7-03 Daytime Phone # 813-282-8837

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

	UMENT # L0100001 ted Liability Company's Name	9 <del>09</del> 1 • • •			709	PI
FAMI	LYCRĀFT CUSTOM HOI	MES, LLC		n V	/ 03 /	FILED
2. Prin	cipal Office Address	3. Mailing Office Ad	dress	1 (1)	V Grand	OCT 13 PM 3:
4830	W. Kennedy Blvd.	1	ennedy Blvd.	4. State/Co	ountry of Formation [1]	
Suite, Ap		Suite, Apt. #, etc.			Florida	
Ste	695	Ste 695		5. Date Or To Do B	gantzed or Qualified usiness in Florida	, *,
City & St	ate	City & State		S. FEI Nun	<u></u>	/06/2001 Applied For
Tamp	a FL	Tampa FL		59-37	<del>-</del>	Not Applicat
Z1p	Country	Z1p	Country	7.	ATE OF STATUS DESIRED	SS.00 Additional Fee requir
3360	9	33609	<u> </u>			for a Contilents of Status
	Name - Second of the group of the	·	Address of Carrent Ragin	tame Agent		
	ng appointed the rogistered agent of the	above named limited list	bility company, am familiar	with and accept	the obligations of Chapter (	· f .
Signature Registere	d Agent	ECIOTEDES ACCUTA	INST SIGN		Cate 10 0	103
Registere	d Agent	REGISTERED AGENT N	AUST SIGN		Cate 10 10	103
Registere	d Agent	embers/Managers	AUST SIGN Street Address of Es Managing MambariMan		Chyr	State/Zip
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