

LU 1 000020405

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**

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

**FILED**

05 OCT 24 PM 1:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Limited Liability Company's Name:

Homes of Excellence LLC

03

PK

**2. Principal Office Address**

1121 SW 15th Avenue

**3. Mailing Office Address**

1121 SW 15th Avenue

**4. State/Country of Formation**

Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**5. Date Organized or Qualified  
To Do Business in Florida**

11/27/2001

**City & State**

Ft. Lauderdale, FL

**City & State**

Ft. Lauderdale, FL

**6. FEI Number**

☒ Applied For

☐ Not Applicable

**Zip**

33312

**County**

Broward

**Zip**

33312

**County**

Broward

**7.**

CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

**Name**

Corporate Creations Network Inc.

**Street Address (P.O. Box Number is NOT Acceptable)**

11380 Prosperity Farms Road #221E

Suite, Apt. #, etc.

**City**

Palm Beach Gardens

**State**

FL

**Zip Code**

33410

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

**Karla Sarria**  
**VP Corporate Creations**

REGISTERED AGENT MUST SIGN

Date

10/20/05

**10. Names and Street Addresses of Managing Members/Managers**

| Titles  | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip      |
|---------|--------------------------------------|---|-------------------------|
| Manager | CHRISTINE WINELAND                   | 1121 SW 15th Avenue                               | Ft. Lauderdale FL 33312 |

**REINSTATEMENT 2003-2005**

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

10/20/05

Daytime Phone #

954-557-6227

Type or print name of signing Managing Member/Manager

CHRISTINE WINELAND, Manager  
by K. Sarria as attorney-in-fact

Florida Department of State  
Division of Corporation  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

BP

1. Uniform Business Report for the company referenced above.
2. check payable to Florida Department of State

2003, 2004, 2005

By: \_\_\_\_\_  
by K. Sarria as attorney-in-fact

Name: CHRISTINE WINELAND

Title: Director

Date: 10/20/05