PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.					
COMPANY				TMENT OF STATE by of State corporations	FILED 04 NOV -9 PM 2: 46
DOCUMENT # LOLOCOCO.2128 1. Limited Liability Company's Name AMERICAN HOME MART, LLC					SECRETARY OF STATE TALLAHASSEE, FLORIDA
2. Principa	l Office Addre	ess	3. Mailing Office Addre	SS	1
210 Justin Way			210 Justin Way		4. State/Country of Formation
•					Florida
Suite, Apt. #, etc.			Suite, Apt. #, etc.		5. Date Organized or Qualified
			O/L 4 O/L		To Do Business in Florida 01/28/2002
			City & State		6. FEI Number Applied For
Sanford, Florida			Sanford, Florida		X Not Applicable
^{Zip} 32773		Country USA	Zip 32773	Country USA	CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent					
	Name JUAN D. PELAEZ				
	Street Address (P.O. Box Number is Not Acceptable)				
	210 Justin Way Suite, Apt. #, Etc.				
	Cond, ripe	· #, _ 10.			
	City	Sanford			State Zip Code 32771
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 Date 11/5/0					
10. Name	s and Street	Addresses of Managing Men	hers/Managers		
Titles	Name of Managing Members/ Managers			Street Address of Eacl Managing Member/Mana	
MGR	JUAN D. PELAEZ		210	Justin Way	Sanford, FL 32773
					1,
				003200	
			0	CONTRACT -	70042603067 11/09/0401060006 **205.00
11. I certify filing the	y that I am m nis reinstatem	anaging member/manager o	r the receipt of same emir diss guiltant a men elimin	powered to execute this apprated, the limited liability comp	plication as provided for in chapter 608, F.S. I further certify that when pany name satisfies the requirements of section 608.406, F.S., and that is true and accurate, and my signature shall have the same legal effect
all fees as if m	s owed by the nade under o	limited liability company have ath.	soe Tall The informatio	n indicated on this application	is true and accurate, and my signature shall have the same legal effect

JUAN D. PELAEZ

Date 11/5/04 Daytime Phone # 407/834-1424

Signature of Managing Member/Manager

Typed or printed name of signing Managing Member/Manager