

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 FEB 25 AM 11:51

DOCUMENT # L02000004047

1. Limited Liability Company's Name

DUPLESSY Homes, LLC  
PROPERTY INVESTMENT & MNGMT.

**REINSTATEMENT 03-05**

2. Principal Office Address

12050 NW 4 CT

Suite, Apt. #, etc.

3. Mailing Office Address

12050 NW 4 CT

Suite, Apt. #, etc.

City & State

PLANTATION, FL

Zip

33325

Country

Broward

City & State

PLANTATION, FL

Zip

33325

Country

Broward

4. State/Country of Formation

Florida - Broward

5. Date Organized or Qualified  
To Do Business in Florida

2-2002

6. FEI Number

01-0622048

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

REGINALD & ETCHIKAM. PIERRE

- 7 OWNERS

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

12050 NW 4 CT

Suite, Apt. #, Etc.

PLANTATION

City

PLANTATION

State

FL

Zip Code

33325

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

Etchika Pierre

REGISTERED AGENT MUST SIGN

Date

2/17/05

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
<u>Pres.</u>	<u>ETCHIKA M. PIERRE</u>	<u>12050 NW 4 CT</u>	<u>PLANTATION, FL 33325</u>
<u>VP.</u>	<u>REGINALD PIERRE</u>	<u>12050 NW 4 CT</u>	<u>PLANTATION, FL 33325</u>
<u>Treasurer</u>	<u>MARCK E. ABRAHAM</u>	<u>12050 NW 4 CT</u>	<u>PLANTATION, FL 33325</u>

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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

Etchika M. Pierre

Date

2/17/05

Daytime Phone #

954-473-2308

Typed or printed name of signing Managing Member/Manager

Didn't received form

CR2004 (10/02)