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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

CR2E041 (8/05)

DOCUMENT # L02000006095

1. Limited Liability Company's Name
Affinity Homes, LLC

2. Principal Office Address	3. Mailing Office Address
211 Colima Ct.	P.O. Box 441
Suite, Apt. #, etc.: Unit 1111	Suite, Apt. #, etc.:
City & State: Ponte Vedra Beach, FL	City & State: Ponte Vedra Beach, FL
Zip: 32082 Country: USA	Zip: 32004 Country: USA

4. State/Country of Formation: Florida/USA

5. Date Organized or Qualified To Do Business In Florida: 03/14/2002

6. FEI Number: 36-4491416 ☐ 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: Baron L. Bartlett

Street Address (P.O. Box Number is Not Acceptable): 135 Professional Drive

Suite, Apt. #, Etc.: 101

City: Ponte Vedra Beach State: FL Zip Code: 32082

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 11-11-06

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	Randal Lee Copeland	211 Colima Ct., Unit 1111	Ponte Vedra Beach, FL 32082

REINSTATEMENT 2004-2006 11-22-06

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 11/14/06 Daytime Phone # 904-509-4251

Typed or printed name of signing Managing Member/Manager: Randal Lee Copeland

Florida Department of State
Division of Corporations
Public Access System

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LIMITED LIABILITY REINSTATEMENT

AFFINITY HOMES LLC

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