

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAR 17 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
400145999284
03/17/09--01018--002 **416.25

CR2E041 (10/08)

DOCUMENT # L02000010700

1. Limited Liability Company's Name

Omega Custom Homes LLC

2. Principal Office Address - No P.O. Box #

7438 Sea Island Road

Suite, Apt. #, etc.

City & State

Fort Myers

Zip

33967

Country

USA

3. Mailing Office Address

7438 Sea Island road

Suite, Apt. #, etc.

City & State

Fort Myers

Zip

33967

Country

Florida

4. State/Country of Formation

Florida / Lee

5. Date Organized or Qualified

To Do Business in Florida **04/26/2002**

6. FEI Number

11-3643827

☒ 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

Andrew J. Bujak

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

7438 Sea Island Road

Suite, Apt. #, Etc.

City

Fort Myers

State

FL

Zip Code

33967

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

REGISTERED AGENT MUST SIGN

Date **March 13, 2009**

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	Andrew J. Bujak	7438 Sea Island Road	Fort Myers, FL 33967

REINSTATEMENT 07-09

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 **03/13/2009**

Daytime Phone # **239-494-2307**

Typed or printed name of signing Managing Member/Manager **Andrew J. Bujak**