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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000013117

1. Limited Liability Company's Name
Historic Homeworks, LLC

2. Principal Office Address	3. Mailing Office Address
1822 Hollenbeck Drive	P O Box 141107
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32806 Country:	Zip: 32814 Country:

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 5/29/02

6. FEI Number: 27-0024723 Applied For / Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑

8. Name and Address of Current Registered Agent

Name: Thomas C. Shaw, Esq.

Street Address (P.O. Box Number is Not Acceptable): 430 North Mills Avenue

Suite, Apt. #, Etc.:

City: Orlando State: FL Zip Code: 32803

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: 2/27/04
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Michael L. Fry	1822 Hollenbeck Drive	Orlando, FL 32805

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 statement 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: 2/27/04 Daytime Phone #: 407/885-9912

Typed or printed name of signing Managing Member/Manager: Michael L. Fry

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Florida Department of State

Division of Corporations
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Fax Number : (850)205-0383

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LIMITED LIABILITY REINSTATEMENT

HISTORIC HOMEWORKS, LLC

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