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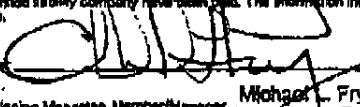
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L02000013117 1. Limited Liability Company's Name Historic Homeworks, LLC			
2. Principal Office Address 1822 Hollenbeck Drive Suite, Apt. #, etc.		3. Mailing Office Address P O Box 141107 Suite, Apt. #, etc.	
City & State Orlando, FL Zip 32808		City & State Orlando, FL Zip 32814	
Country		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			
Titles	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 reason for dissolution has been terminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that its fees owed by the limited liability company have been paid. The information disclosed 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 # 407/885-8912	
Typed or printed name of signing Managing Member/Manager Michael L. Fry			

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Division of Corporations

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Florida Department of State
Division of Corporations
Public Access System

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To:

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

From:

Account Name : SHUTTS & BOWEN LLP (ORLANDO)
Account Number : I200300000004
Phone : (407) 423-3200
Fax Number : (407) 843-4076

LIMITED LIABILITY REINSTATEMENT

HISTORIC HOMEWORKS, LLC

Certificate of Status	1
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DIVISION OF CORPORATION