

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DIVISION OF CORPORATIONS

04 JUN -7 AM 11:39

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000013289

1. Limited Liability Company's Name

Imagine Home Builders, L.L.C.

2. Principal Office Address

21043 Butchers Hollar

Suite, Apt. #, etc.

3. Mailing Office Address

25270 Bernwood Dr.

Suite, Apt. #, etc.

Suite 9

City & State

Estero, Florida

City & State

Bonita Springs, FL

Zip

33928

Country

Lee

Zip

34135

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

753066913

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

Terry A. Booth

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

21301 South Tamiami Trail

Suite, Apt. #, Etc.

City

Fort Myers

State

FL

Zip Code

33928

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 3-31-2004

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
P	ALLAN G. BERG	25270 BERNWOOD DR. #9	Bonita Springs, FL 34135
V.P.	Terry Booth	25270 BERNWOOD DR #9	Bonita Springs, FL 34135
ST	Raymond Zielinski	25270 BERNWOOD PR #9	Bonita Springs, FL 34135

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 3-31-2004

Daytime Phone# 239-872-5559

Typed or printed name of signing Managing Member/Manager

ALLAN G. BERG

CR2E041 (10/02)

REINSTATEMENT 03-04 PM