
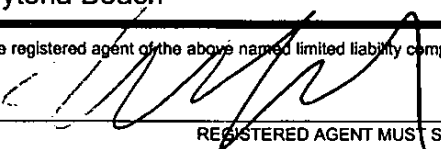
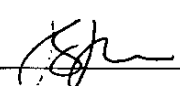


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L02000014615			
1. Limited Liability Company's Name MEDALLION HOMES OF VOLUSIA COUNTY, LLC <div style="text-align: right; margin-top: 10px;">9/26/03</div>			
2. Principal Office Address 1221 Dunlawton Avenue		3. Mailing Office Address P.O. Box 800	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Port Orange, FL		City & State New Smyrna Beach, FL	
Zip 32127	Country Volusia	Zip 32170	Country Volusia
4. State/Country of Formation Florida		5. Date Organized or Qualified To Do Business in Florida 6-12-02	
6. FEI Number 01-0717571		Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent			
Name Marshall H. Barkin			
Street Address (P.O. Box Number is Not Acceptable) 149 S. Ridgewood Ave.			
Suite, Apt. #, Etc. 710			
City Daytona Beach		State FL	Zip Code 32114
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 12-22-04	
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
MGRM	Jerry Johnson, Jr.	1221 Dunlawton Ave.	Port Orange, FL 32127
REINSTATEMENT 2003-2004			
300043808353 01/03/05--01046--004 **200.00			
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 Daytime Phone # 386-795-5000	
Typed or printed name of signing Managing Member/Manager Jerry Johnson, Jr.			

FILED

04 DEC 27 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/02)