

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JUN 13 AM 10:54

DOCUMENT # L02000022565

1. Limited Liability Company's Name

FLORIDA HOME INVESTMENT GROUP, LLC

2. Principal Office Address

3000 NE 16th Ave

3. Mailing Office Address

Suite, Apt. #, etc.

#212D

Suite, Apt. #, etc.

City & State

OAKLAND PARK, FL

City & State

Zip

33334

Country

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

08/30/2002

6. FEI Number

550814259

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

CLOUGH, PAUL V CPA

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

1860 N PINE ISLAND RD

Suite, Apt. #, Etc.

SUITE 103

City

PLANTATION

State

FL

Zip Code

33322-5234

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

06/16/06

**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	DE OLIVEIRA FILHO, FAUSTO	3000 NE 16th Ave #212D	Oakland Park, FL 33334

REINSTATEMENT 04-06

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 06/07/06

Daytime Phone # (954) 767-9893

Typed or printed name of signing Managing Member/Manager

FAUSTO DE OLIVEIRA FILHO