LIMITED LIABILITY COMPANY REINSTATEMENT DOCUMENT # LO2000022565 1. Limited Liability Company's Name FloRIDA DEPARTMENT OF STATE DVISION OF CORPORATIONS DOCUMENT # LO2000022565 1. Limited Liability Company's Name FloRIDA Home Investment GROUP, LLC 2. Principal Office Address - No P.O. Box # 1443 SW 1st WAY Suite. Apt. #, etc. Suite. Apt. #, etc. FLORIDA DEPARTMENT OF STATE DVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE DVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE DVISION OF CORPORATIONS Suite. Apt. #, etc. FLORIDA DEPARTMENT OF STATE Suite. Apt. #, etc. FLORIDA FLORIDA FLORIDA FLORIDA Suite. Apt. #, etc. FLORIDA
2. Principal Office Address - No P.O. Box # 3. Mailing Diffice Address 1443 SW 1/st WAY 2. Principal Office Address 12/02/1001013025 ***555.00 2. Principal Office Address - No P.O. Box # 3. Mailing Diffice Address 1443 SW 1/st WAY 1443 SW 1/st WAY Suite. Apt. #, etc. 3. Mailing Diffice Address 1443 SW 1/st WAY 4. State/Country of Formation Flore Suite. Apt. #, etc. 5. Date Organized or Qualified To 1/or 1/or 1/or 1/or 1/or 1/or 1/or 1/o
Suite, Apt. #, etc.
City & State
DECRETERS BEACH, PL DEERFIELD PEACH, FL 6. FEI Number 55-08/4259 Applied For Not Applicate
Zip Country Zip Country 7. Certificate of status desired in a Certificate of status 33441 33441 Country 7. Certificate of status
8. Name and Address of Current Registered Agent Name FAUSTID DC/IVEINA F/h0 Street Address (P.0. Box Number is Not Acceptable) 1443 SIU / ST WAY Suite, Apt. #, Etc. City Deck Field Beach State Zip Code FL 33444/
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 REGISTERED AGENT MUST SIGN
10. Names and Street Addresses of Managing Members/Managers
Titles Name of Managing Members/Managers Street Address of Each City/State/Zip MBRM FAUSTO DE O/IVCINA FILMO 3101 BR+ ROYALE Blue BUY FORT LAUGER DAVE, FL 3330
REINSTATEMENT07-10 DBruce.
11. E-mail Address: INTERCOTRADING (WTERCOTTLADING, COM
(To be used for future ennuel report notifications)
(To be used for future entuel report notifications) 12. 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 films this report antifection the reason der 20 minute the provided for the limited lightility compares on the rest of the R.S. I further certify that when films this report antifection the reason der 20 minute the limited lightility compares on the rest of the R.S. I further certify that when films this report antifection the reason der 20 minute the limited lightility compares on the rest of the R.S. I further certify that when films the rest of the reason der 20 minute the rest of the limited lightility compares on the rest of the res of the rest of the res of the rest of the rest of the rest o
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