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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L02000028360

APPLICATION FOR REINSTATEMENT

FILING OFFICER (STATE)

Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
2003 OCT 23 PM 2:16
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000028360

Name and Mailing Address

0002896 01 AT 0.292 **AUTO T3 0 0615 32746-322541

NETWORK HOME BUYERS, L.L.C.
141 EAST WILBUR AVENUE
LAKE MARY FL 32746-3225

CR2E084 (7/03)

2. New Mailing Address	4. State/Country of Formation: FL
City, State, Zip	5. Date Organized or Qualified To Do Business in Florida: 10/24/2002
Principal Place of Business: 141 EAST WILBUR AVENUE LAKE MARY FL 32746	3. New Principal Place of Business Address
City, State, Zip	6. FEI Number: 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	9. Name and Address of New Registered Agent
GOULET, CLYDE R 141 EAST WILBUR AVENUE LAKE MARY FL 32746	Name
	Street Address (P.O. Box) 300002402833 93 10/23/03--01010--002 **150.00
	City FL Zip Code

10. 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 Clyde SIGNATURE REQUIRED Date October 20, 2003

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
P/T	Clyde R. Goulet	141 E. Wilbur Ave	Lake Mary, FL 32746
VP/S	Mary A. Goulet	141 E. Wilbur Ave	Lake Mary, FL 32746
		REINSTATEMENT 2003	

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 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/Manage SIGNATURE REQUIRED Date 10/20/03 Daytime Phone # 407-688-2747

Typed or printed name of signing Managing Member/Manager Clyde R. Goulet