

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L02000031744

1. Limited Liability Company's Name

HOMES 4 NO MONEY DOWN.COM, LLC

2. Principal Office Address

14211 COMMERCE WAY

Suite, Apt. #, etc.

City & State

MIAMI LAKES, FLORIDA

Zip

33016

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA, DADE

5. Date Organized or Qualified  
To Do Business in Florida

11-25-2002

6. FEI Number

11-3671066

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

LUIS CARDONA

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

14211 COMMERCE WAY

Suite, Apt. #, Etc.

City

MIAMI LAKES

State  
FL

Zip Code

33016

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

*Luis Cardona*

Date 02-17-2004

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip    |
|--------|--------------------------------------|---|-----------------------|
| MGRM   | LUIS CARDONA                         | 14211 COMMERCE WAY                                | MIAMI LAKES, FL 33016 |
|        |                                      |   |                       |
|        |                                      |   |                       |
|        |                                      |   |                       |
|        |                                      |   |                       |
|        |                                      |   |                       |
|        |                                      |   |                       |

REINSTATEMENT 2003-2004  
BKC

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

*Luis Cardona*

Date 02-17-2004

Daytime Phone #

Typed or printed name of signing Managing Member/Manager LUIS CARDONA

FILED  
04 FEB 18 PM 2:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BK 000029313430  
02/24/04--01033--039 \*\*100.00

CR2E041 (10/02)

**L02000031744**

TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

FILED  
04 FEB 18 PM 2:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TO WHOM IT MAY CONCERN:

*BK*

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL  
FIND THE ANNUAL REPORT FORM ALONG WITH A  
CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF  
STATE TO PROPERLY UP-DATE THE ABOVE  
MENTIONED CORPORATION.

PLEASE BE ADVICE THAT WE DID NOT RECEIVE THE  
UNIFORM BUSINESS REPORT FOR 2003, 2004. AND  
PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT  
THIS CORPORATION IN ITS CURRENT STATUS AND  
WAIVE ANY LATE FEES.

THANK YOU FOR YOUR TIME AND CONSIDERATION IN  
THIS MATTER IN THIS MATTER AND IF YOU SHOULD  
HAVE ANY FURTHER QUESTION REGARDING THIS  
LETTER DON'T HESITATE TO CONTACT US.

CORDIALLY,

*Luis Cardona*

LUIS CARDONA  
PRESIDENT/DIRECTOR