

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Gerald E. Hargrave
Secretary of State
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L02000033900

Name and Mailing Address

03 DEC 17 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0002941 01 AT 0.292 **AUTO T3 0 0615 32750-498829



NEW RENAISSANCE HOMES LLC

1000 SAVAGE COURT

SUITE 104

LONGWOOD FL 32750-4988



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/17/2002	
Principal Place of Business 1000 SAVAGE COURT SUITE 104 LONGWOOD FL 32750	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 52-2388430	Applied For 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 FOGLIA, ROBERT J 1000 SAVAGE COURT SUITE 104 LONGWOOD FL 32750	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 [Signature] **SIGNATURE REQUIRED** Date 10/20/03

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
Pres.	Michael L. Fry	P.O. Box 141107	Orlando, FL 32814

100025565861
12/17/03--071071--003 **150.00

M THOMAS

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/Manager [Signature] **SIGNATURE REQUIRED** Date 10/20/03 Daytime Phone # (407) 648-0600

Typed or printed name of signing Managing Member/Manager