

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 MAR 10 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000012330

1. Limited Liability Company's Name

First City Homes, LLC.

800147187638
03/24/09--01030--022 **238.75

CR2E041 (10/08)

| | | | |
|---|--|---|--|
| 2. Principal Office Address - No P.O. Box # 205 Waler Way, Suite, Apt. #, etc. Unit 2 City & State St. Augustine, Florida 32084 Zip 32086 | | 3. Mailing Office Address 205 Waler Way, Suite, Apt. #, etc. Unit 2 City & State St. Augustine, Florida 32084 Zip 32086 | |
| Country St. Johns | | Country St. Johns | |

| | |
|---|---|
| 4. State/Country of Formation Florida, USA | |
| 5. Date Organized or Qualified To Do Business in Florida 04/07/2003 | |
| 6. FEI Number 05 0566892 | <input type="checkbox"/> Applied For <input type="checkbox"/> 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 | | | |
| Name Robert J L Laurence | | | |
| Street Address (P.O. Box Number is Not Acceptable) 101 Bilbao Drive | | | |
| Suite, Apt. #, Etc. | | | |
| City ST. AUGUSTINE | State FL | Zip Code 32086 | |

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 2/25/2009

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 | Robert J L Laurence | 101 Bilbao Drive | ST. AUGUSTINE FL. 32086 |
| MGR | Robert J F Laurence | 114 Southwind circle | St. Augustine, Florida 32080 |
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REINSTATEMENT

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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

[Signature]
Robert J L Laurence

Date 2/25/2009

Daytime Phone# 1-904-814-6241

Typed or printed name of signing Managing Member/Manager Robert J L Laurence