

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 NOV 12 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000012527

1. Limited Liability Company's Name

FLamingo Coves Homes, L.L.C

9/15/06

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #

10254 NW 57 Ter

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33178

Country

U.S.A

3. Mailing Office Address

10254 NW 57 Ter

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33178

Country

U.S.A

4. State/Country of Formation

Florida / United States

5. Date Organized or Qualified
To Do Business in Florida

04/08/2003

6. FEI Number

731663194

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 A. YAU

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

10254 NW 57 Ter

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33178

☒ 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

REGISTERED AGENT MUST SIGN

Date 11/02/2008

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
MEM	J Y H Group - Inc	10254 NW 57 Ter	Miami / FL / 33178

REINSTATEMENT Without Penalty 2008

nc 11/12

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11/05/08--01027--019 **416.25 ✓

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

Date 11/03/2008

Daytime Phone#

Typed or printed name of signing Managing Member/Manager J Y H Group Inc.