

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 09, 2006 8:00 A.M.
Secretary of State

DOCUMENT # L03000015645

1. Limited Liability Company's Name

HOFF LUXURY ESTATES LLC

2. Principal Office Address

320 SEABREEZE AVE
Suite, Apt. #, etc.

City & State

PALM BEACH, FL

Zip Country

33480

3. Mailing Office Address

320 SEABREEZE AVE
Suite, Apt. #, etc.

City & State

PALM BEACH, FL

Zip Country

33480

CR2E041 (8/05)

4. State/Country of Formation

FL

**5. Date Organized or Qualified
To Do Business in Florida**

5/01/03

6. FEI Number

42-1643950

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

JENNIFER L. HOFF

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

320 SEABREEZE AVENUE

Suite, Apt. #, Etc.

City

PALM BEACH

100064059541

01/19/06 State 100064059541 **255.00

FL

33480

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**

JENNIFER L. HOFF

REGISTERED AGENT MUST SIGN

Date

01/4/06

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
<u>MEM</u>	<u>JENNIFER L. HOFF</u>	<u>2929 BUFFALO SPRING</u>	<u>HOUSTON, TX 77078</u>

REINSTATEMENT 04-06

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**

JENNIFER L. HOFF

Date

Daytime Phone #

281.217.1570

Typed or printed name of signing Managing Member/Manager

JENNIFER L. HOFF