

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2012 DEC 28 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/11)

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000023616

1. Limited Liability Company's Name

KARLY HOMES LLC

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

52 YACHT CLUB DR.

Suite, Apt. #, etc.

109

City & State

NORTH PALM BEACH, FL

Zip

33408

Country

PALM BEACH

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FL. USA

5. Date Organized or Qualified
To Do Business in Florida

JUNE 2005

6. FEI Number

56-2371189

☐ 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

BERT SERRA

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

52 YACHT CLUB DR.

Suite, Apt. #, Etc.

#109

City

NORTH PALM BEACH

State

FL

Zip Code

33408

E-mail Address:

200241373562
10/31/12--01024--007 **238.75

bertserra@hotmail.com

(To be used for future annual report notices)

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

Bert Serra

Date 10/29/12

REGISTERED AGENT MUST SIGN

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>OWNER</u>	<u>BERT SERRA</u>	<u>52 YACHT CLUB DR. #109</u>	<u>NORTH PALM BEACH, FL 33408</u>

J. SAULSBERRY
EXAMINER

JAN 04 2013

200241373562
01/04/13--01001--002 **138.75

REINSTATEMENT

2011-12

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing

Member/Manager

Bert Serra

Date 10/29/12

Daytime Phone # 727-235-2379

Typed or printed name of signing Managing Member/Manager