

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000042181

1. Entity Name
DEER OAKS HOMES, L.L.C.



FILED

04 DEC 13 PM 3:13

SECRETARY OF STATE
TALLAHASSEE FLORIDA

000001



11052004 REIN-LLC CR2E101 (6/04)

12/13

Principal Place of Business
1820 NORTHEAST 163RD STREET, SUITE 203
NORTH MIAMI BEACH, FL 33162

Mailing Address
1820 NORTHEAST 163RD STREET, SUITE 203
NORTH MIAMI BEACH, FL 33162

2. Principal Place of Business
300 NW 5TH AVENUE

3. Mailing Address
300 NW 5TH AVENUE

City & State
HOMESTEAD, FL
Zip
33031

City & State
HOMESTEAD, FL
Zip
33031

4. FEI Number
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

STEIN, ERIC P ESQ.
1820 NORTHEAST 163RD STREET, SUITE 203
NORTH MIAMI BEACH, FL 33162

7. Name and Address of New Registered Agent

Name AIDA HERNANDEZ
Street Address (P.O. Box Number is Not Acceptable)
300 NW 5TH AVENUE
City HOMESTEAD FL Zip Code 33031

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE AIDA HERNANDEZ Aida Hernandez 12.07.04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2005, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME DUQUE, ANTONIO
STREET ADDRESS 1820 NORTHEAST 163RD STREET, SUITE 203
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162

TITLE MGRM
NAME GONZALEZ, PAUL A
STREET ADDRESS 1820 NORTHEAST 163RD STREET, SUITE 203
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162

TITLE
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STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM
NAME DUQUE ANTONIO
STREET ADDRESS 300 NW 5TH AVENUE
CITY-ST-ZIP HOMESTEAD, FL 33031

TITLE MGRM
NAME GONZALEZ, PAUL A
STREET ADDRESS 300 NW 5TH AVENUE
CITY-ST-ZIP HOMESTEAD, FL 33031

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as provided by Chapter 608, Florida Statutes.

SIGNATURE: Aida Hernandez AIDA HERNANDEZ 12.07.04 786 2907367
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

REINSTATEMENT 2004
w/o penalty fee

70004336692
12/13/04-01059-020 **50.00