

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

07 NOV 16 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11162007 REIN-LLC CR2E101 (1/07)

DOCUMENT # L03000048537

1. Entity Name
ADVANCED HOMES CONSTRUCTION, LLC



Principal Place of Business
**800 US HWY 90 WEST
STE 1
DEFUNIAK SPRINGS, FL 32433**

Mailing Address
**PO BOX 231
1396 US HWY 90 L
PONCE DELEON, FL 32455**

2. Principal Place of Business - No P.O. Box #
479 US HWY 90 W

3. Mailing Address
479 US HWY 90 W

Suite, Apt. #, etc.

City & State
DEFUNIAK SPRS, FL

Zip
32433

Country
USA

4. FEI Number
20-0568392

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**HURST, PATRICK D
800 US HWY 90 WEST
DEFUNIAK SPRINGS, FL 32433**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
479 US HWY 90 W

City, State, Zip Code
DEFUNIAK SPRINGS FL 32433

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 **Patrick D Hurst** DATE **11/16/07**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00
After January 1, 2008, 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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HURST, PATRICK PO BOX 231-1396 US HWY 90 WEST PONCE DELEON, FL 32455 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HURST, JANET S PO BOX 231-1396 US HWY 90 WEST PONCE DELEON, FL 32455 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200112459312 11/20/07-01031-005 ***50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HURST, MICHAEL A 278 TURNER DRIVE DEFUNIAK SPRINGS, FL 32433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HURST, MICHAEL A PO. Box 231-1396 US HWY 90 W Ponce De Leon, FL 32433 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HURST, JENNIFER E PO BOX 231-1396 US HWY 90 WEST PONCE DELEON, FL 32455 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HURST, JENNIFER 1294 Liberty LANE PONCE DE LEON, FL 32433 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**REINSTATEMENT
2007**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 required by Chapter 608, Florida Statutes.

SIGNATURE: **Patrick D Hurst** DATE **11/16/07** 850-892-6425

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE