PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	10 JAN 20 PM 3: 00
DOCUMENT # & 0.300		SECHE MARY OF STATE TALEMHASSEE. FLORIDA
Advanced Homes Construction LLC. 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address		CR2E041 (11/09)
1396 U.S. Huy 90 W	P.O. Box 231	4. State/Country of Formation
Suite, Apt #, etc.	Suite, Apt. #, etc.	5. Date Organized or Qualified #1/2./
City & State	City & State Ponce De Leon	To Do Business in Florida
Ponce De Leon, FL	FL	6. FEI Number Applied For Not Applicable
32455 V.S.	32455 Country "US.	7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status
	f Current Registered Agent	
Name Pafrick D. HursT Street Address (P.O. Box Number is Not Acceptable) 1396 US Hwg 90 west Suite, Apt. #, Etc City State Zip Code		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.
Ponce De Leon	FL 32455	-
9. I, being appointed the registered agent of the about Signature of Registered Agent Fahilib PHR	ove named limited liability company, am familiar with	th and accept the obligations of Chapter 608, F.S. Date
10. Names and Street Addresses of Managing Mer		
Titles Name of Managing Members/ Manag	ers Street Address of Managing Member/	
Marin Hurst Patrice	K. D. 1396 US Huy	190 w Ponce be Lean FC, 32455
MGRM HURST Janet s	•	/ ·
MGRM HUrst Michael A. 21 Marys Court Defuniak Sps., FL, 32433		
MGRM HURST Jennifer	E. 1296 Liberty	50016674090 <u>5</u> . J
REINSTAT	EMENT-09-	10 01/21/10-01001-012 **277.9
11. E-mail Address Advbuilde	C 2009 Q Embaran	Mail, Com
filing this reinstatement application the reason for all fees owed by the limited liability company have as if made under oath.	dissolution has been eliminated, the limited liability	s application as provided for in Chapter 608, F.S. I further certify that when company name satisfies the requirements of section 608.406, F.S., and that cation is true and accurate, and my signature shall have the same legal effect
Signature of Manager	Definit Date of	1/20/20/20 Daytime Phone # 865-445/
Typed or printed name of signing Managing Member/	Manager	
	UE	\mathcal{F}_{\cdot}