PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2007 MAR 13 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000056986

1. Limited Liability Company's Name

BUY THIS HOUSE, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #		**3.** Mailing Office Address	
5506 BARTON DRIVE		PO Box 149736	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Orlando, Florida		City & State: Orlando, Florida	
Zip: 32807	Country: USA	Zip: 32814	Country: USA

4. State/Country of Formation: Florida / USA

5. Date Organized or Qualified To Do Business in Florida: 12/30/2003

6. FEI Number: 92-0186064 ☐ 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: William E. Hadden

Street Address (P.O. Box Number is Not Acceptable): 5506 Barton Drive

Suite, Apt. #, Etc.:

City: Orlando | State: FL | Zip Code: 32807

☑ 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.

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 _____ REGISTERED AGENT MUST SIGN

Date 03/08/2007

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
MGMR	William E. Hadden	PO Box 149736	Orlando / Florida / 32814
MGMR	Robert Stephens	PO Box 149736	Orlando / Florida / 32814
		REINSTATEMENT 06-07	
		000094461880	
		03/22/07--01009--004 **100.00	

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 _____ Date 03/08/2007 Daytime Phone # 321-663-1906

Typed or printed name of signing Managing Member/Manager: William E. Hadden