

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAR 12 PM 3:27

DOCUMENT #

LO4000003757

1. Limited Liability Company's Name

HAPPY FLORIDA HOMES LLC

000120120270
03/12/08--01037--005 **516.25

CR2E041 (12/07)

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

5748 CEDAR PINE DRIVE

3. Mailing Office Address

5748 CEDAR PINE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip 32819

Country U.S.A.

Zip 32819

Country U.S.A.

4. State/Country of Formation

FLORIDA / U.S.A.

5. Date Organized or Qualified To Do Business in Florida

1-14-04

6. FEI Number

800105932

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 BRANDT FICKEN

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

5748 CEDAR PINE DRIVE

Suite, Apt. #, Etc.

City ORLANDO

State FL

Zip Code 32819

☐ 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

[Signature]

Date 3-10-08

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
MEMBER	BRANDT FICKEN	5748 CEDAR PINE DRIVE 5748 CEDAR PINE DRIVE	ORLANDO, FL 32819

REINSTATEMENT

06-08 *[Signature]*

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

[Signature]

Date 3-10-08

Daytime Phone (407) 489-0541

Typed or printed name of signing Managing Member/Manager BRANDT FICKEN