

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L 04 00 000 7908**

1. Limited Liability Company's Name

**PERFECT HOME REALTY, LLC**

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

**12838 ~~QUET~~ YACHT CLUB CIRCLE**

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

**FT. MYERS FL**

City & State

Zip

**33919**

Country

**USA**

Zip

Country

8. Name and Address of Current Registered Agent

Name

**ROBERT L. MONTGOMERY**

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

**12838 YACHT CLUB CIRCLE**

Apt. #, Etc.

City

**FT. MYERS, FL**

State

**FL**

Zip Code

**33919**

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

**4-19-15**

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	DOLORES MONTGOMERY	2338 QUIET COURT	INDIANA POLIS, IN 46239
AMGR	ROBERT L. MONTGOMERY	12838 YACHT CLUB CIRCLE	FT. MYERS, FL 33919

**M. MILLIGAN  
EXAMINER**

**MAY 12 2015**

11. E-mail Address:

**Doloresnora @AOL.com**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

**Dolores Montgomery**

Date

**04/29/15**

Daytime Phone #

**317-403-9522**

Typed or printed name of signing authorized representative/member

**DOLORES MONTGOMERY**

FILED

15 MAY -1 PM 2:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT 2007-2015**

*[Signature]*

CR2E041 (1/14)

4. State/Country of Formation

**FLORIDA**

5. Date Organized or Qualified  
To Do Business in Florida

**01-29-2004**

6. FEI Number

**20-0721362**

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a certificate of status

**3 Copies please**

**900272465129**  
05/01/15--01002--016 \*\*15.00

**900272465129**  
05/01/15--01002--015 \*\*1348.75