

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000008252

1. Limited Liability Company's Name

Smart House Authorized Home Center of Orlando North, LLC

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

1151 West Winged Foot Cir

Suite, Apt. #, etc.

3. Mailing Office Address

1151 West Winged Foot Cir

Suite, Apt. #, etc.

City & State

Winter Springs, FL

City & State

Winter Springs, FL

Zip

32708

Country

USA

Zip

32708

Country

USA

8. Name and Address of Current Registered Agent

Name
William Leaton

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

1151 West Winged Foot Cir

Suite, Apt. #, Etc.

City
Winter Springs

State

FL

Zip Code

32708

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]
REGISTERED AGENT MUST SIGN

Date **9/19/2007**

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
MGRM	William Leaton	1151 West Winged Foot Cir	Winter Springs/FL 32708

REINSTATEMENT

05-07

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

9/20/2007

Daytime Phone #

407-467-6316

Typed or printed name of signing Managing Member/Manager

William Leaton

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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