

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000010384

1. Entity Name
HOMES BY HEWES, LLC



FILED
2005 OCT 18 PM 4:19
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business
450 S. LAWRENCE BLVD.
KEYSTONE HEIGHTS, FL 32656

Mailing Address
P.O. BOX 554
KEYSTONE HEIGHTS, FL 32656



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10102005 REIN-LLC CR2E101 (6/04)

4. FEI Number

593304655

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEWES, MICHAEL M
450 S. LAWRENCE BLVD.
KEYSTONE HEIGHTS, FL 32656

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10-10-05

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
HEWES, MICHAEL M
P.O. BOX 554
KEYSTONE HEIGHTS, FL 32656 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
40006049599 ☐ Change ☐ Addition
10/11/05--01051--020 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

10-10-05

Date

Daytime Phone #

352473-9484

REINSTATEMENT 2005