PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

C	ED LIAE OMPAN STATEN	Y		S	Secretar	TMENT OF STA y of State orporations	ΤE		FILED 7 FEB 23 AM 10: 01	4
DOCUMENT # L0400023043 1. Limited Liability Company's Name							SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Town Homes of West Bay Cove, LLC										
2. Principal Office Address - No P.O. Box # 3. Mailing 0 7627					Little Road			CR2E041 (1/07)		
				Suite, Apt. #, etc.			FL/USA Formation			
								5. Date Organized or Qualified 70 Do Business in Florida 3/25/04		
New Port Richey,FL						Richey,FL	_	55-37	59-3140863 Applied For Not Applied	
² 3465	34654 ÜSA		Ä	34654	1	ÜŠA		7. CERTIFICATE	CERTIFICATE OF STATUS DESIRED 55.00 A for a	
8. Name and Address of Current Registered Agent									•	" " <u>-</u>
Name Louis Bakkalapulo, Esq.,Bakkalapulo & Boutzoukas, P.A.							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			
Street Address (P.B. Box Number is Net Acceptable) Suite 201										
Suite, Apt. #. Etc.										
Člearwater,					State 33765			reinstat	ement be waived.	al
9. I, being appointed the registered agent of the above named limited liability company, am familiar with aid a Signature of Registered Agent REGISTERED AGENT MUST SIGN								accept the obilgat	ons of Chapter 608, F.S. Date 2/14/07	4
10. Name	s and Street	Addresse	of Managing Mem	bers/Managers						
Titles	Name of Managing Members/Managers			Street Address of Each Managing Member/Manager				City / State / Zip		
MGRM	Costa Homes, Inc.				7627 Little Road				New Port Richey	,FL 34654
								03.761.		₹ <u>200.00</u>
						PE WE	EMBTATEMENT 06-07			
				1						-
11. I certify that I am managing member/manager or the required by 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 faild. 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 2-10-5 Daytime Phone # 177-301 Daytime Phone										
Typed or printed name of signing Managing Member/Manager Paul Bakkalapulo, V.P., Costa Homes, Inc.										