

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
JAN - 4 AM 10:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 604000040743

1. Limited Liability Company's Name

VINTAGE HOMES OF FLORIDA LLC

CR2E041 (05/10)

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

4644 W GRADY BLVD

Suite, Apt. #, etc.

4-410

City & State

TAMPA, FL

Zip

33611

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

FLORIDA

Zip

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

MAY 26, 2004

6. FEI Number

20-1177533

☐ 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

MARK MARLOW

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

4644 W GRADY BLVD

Suite, Apt. #, Etc.

4-410

City

TAMPA

State
FL

Zip Code

33611

600189352666
01/04/11--01024--001 **680.00

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

Mark Marlow

REGISTERED AGENT MUST SIGN

Date 1/4/11

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
MGR	MARK MARLOW	4644 W GRADY BLVD #4-410 TAMPA, FL 33611	

REINSTATEMENT 108-11

OB

11. E-mail Address:

MARK@MARLOWMG.COM

(To be used for future annual report notifications)

12. 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

Mark Marlow

Date 1/4/11

Daytime Phone # 850 502-0294

Typed or printed name of signing Managing Member/Manager MARK MARLOW