

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY**

REINSTATEMENT

2014-2016

DOCUMENT # L04000043192



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

16 SEP 30 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Limited Liability Company's Name
Homestead Acres 866, LLC

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

12 NE 3 Street

Suite, Apt. #, etc.

City & State

Florida City, FL

Zip

33034

Country

USA

3. Mailing Office Address

12 NE 3 Street

Suite, Apt. #, etc.

City & State

Florida City, FL

Zip

33034

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

06/09/2004

6. FEI Number

20-1909098

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

Roy Shiver

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

12 NE 3 Street

Apt. #, Etc.

City

Florida City, Florida 33034

State
FL

Zip Code

33034

400290686614
09/30/16--01011--009 **138.75

400290686614
09/27/16--01023--024 **377.50

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]

Date **09/23/2016**

REGISTERED AGENT MUST SIGN

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	Roy Stephen Shiver, Jr	12 NE 3 Street	Florida City, FL 33034

11. E-mail Address: **steve@shiver.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

Date

9/23/216

Daytime Phone #

786-205-7113

Typed or printed name of signing authorized representative/member

Roy Stephen Shiver, Jr