

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 29 AM 9:07

DOCUMENT # L04000050667

1. Limited Liability Company's Name

FIRST DREAM HOMES, LLC.

CR2E041 (8/05)

2. Principal Office Address

13073 LAKE ROPER COURT

Suite, Apt. #, etc.

3. Mailing Office Address

13073 LAKE ROPER COURT

Suite, Apt. #, etc.

City & State

WINDERMERE, FLORIDA

City & State

WINDERMERE, FLORIDA

Zip

34786

Country

USA

Zip

34786

Country

USA

4. State/Country of Formation

FLORIDA, VOLUSIA

5. Date Organized or Qualified
To Do Business in Florida

07/08/2004

6. FEI Number

20-3413990

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

ERNEST JOHANSMEIER

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

13073 LAKE ROPER COURT

Suite, Apt. #, Etc.

City

WINDERMERE

State

FL

Zip Code

34786

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

REGISTERED AGENT MUST SIGN

Date NOVEMBER 02, 2006

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
MR.	ERNEST JOHANSMEIER	13073 LAKE ROPER COURT	WINDERMERE, FLORIDA, 34786

REINSTATEMENT 05-06

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

Date NOVEMBER 2, 2006

Daytime Phone # 407-506-4885

Typed or printed name of signing Managing Member/Manager ERNEST JOHANSMEIER