## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Record (107)  2. Principal Office Address - No P.O. Box 8	LIMITED LIABILITY COMPANY REINSTATEMENT  DOCUMENT # LOHOOOS3 HZZ  1. Limited Liability Company's Name  EUYO HOME  N SOLEIL, LLC		FILED  2007 APR II AM 10: 48  SECRETARY OF STATE TALLAHASSEE, FLORIDA
Name 5 0 5 6 A CAYCLA  Street Address (P.O. Sox Number is Not Acceptable)  / O 0 7 GOUNES 5 T  Suite, Apt. #, Etc.  Suite, Apt. #, Etc.  City  PONT Charhotte Heading agent of the above named limited liability company, an familiar with and accept the obligations of Chapter 608, F.S.  Signature of Registered Agent Reconstruction of Managing Members/Managers  Titles  Managing Members/Managers  Titles  Managing Members/Managers  Titles  Managing Members/Managers  Managing Members/Managers  Titles  Managing Members/Managers  Managing Members/Managers  Titles  Managing Members/Managers  Managing Members/Managers  Managing Members/Managers  Titles  Managing Members/Managers  Date ### Post of the sistence is improved to execute this application in the page 608, F.S., If further certify Tith when filling this reinstatement application in the reason for dissolution has been eliminated, the limited liability company anners satisfies the requirements of section 608, 64, F.S., and that all feets own and accurate, and accurate, and accurate, and accurate, and managing member/Managers  Date #### Post of the Single Agent Phone #### Phone ##### Phone ####################################	2. Principal Office Address - No P.O. Box # 51 3. Mailing Off 10 82 BOUNDS 51 Suite, Apt. #, etc.  City & State POYT Chay Lo TTE Country Zip	941) 943-0405 ffice Address etc.	4. State/Country of Formation  \( \) \( \alpha \geq \colon \colon \colon \geq \colon \geq \left\)  5. Date Organized or Qualified To Do Business in Florida  \( \alpha \frac{19}{04} \)  6. FEI Number \( \alpha \colon \geq \geq \geq \geq \geq \geq \geq \geq
Titles Name of Managing Members Managers  Street Address of Each Managing Members Manager  MAR JOSK A. CANCIA  1082 DONNE ST PONT CHARLOTT 33,952  MCR (ATANO SEVICIO)  119 N STATE R) 7 PLANTATION FL 33317  MCR FELIU MANEL  119 N STATE R) 7 PLANTATION FL 33317  MCR MANTINEZ JOSK A. 119 N STATE R) 7 PLANTATION FL 33317  MCR MANTINEZ JOSK A. 119 N STATE R) 7 PLANTATION FL 33317  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 Itilia 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 4-6-7 Daytime Phone # 941 743 - 0405	Name  Street Address (P.O. Box Number is Not Acceptable)  YOUT CHALLOTT  State  City  POUT CHALLOTT  State  FL  33952  A \$100 reinstatement in circumstances where ceive the prior not box, you are certifying not received and reinstatement be waive fully for the short of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, Signature of Registered Agent  Poate  Poat		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 reinstatement be waived.  941-743-0405
Titles Name of Managing Members/ Managers  Street Address of Each Managing Members/ Managers  MAR JOSK A. CANCIA  1082 DONNE ST PONT CHARLOTT 33,952  MAR GARAO SEVAIO  119 M STATE R) 7 PLANTATION FL 33317  MAR FELIU MANEL  119 M STATE R) 7 PLANTATION FL 33317  MAR MANTINEZ JOSK A. 119 M STATE R) 7 PLANTATION FL 33317  MAR MANTINEZ JOSK A. 119 M STAR R) 7 PLANTATION FL 33317  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 1181 when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608, 408, 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 4-6-7 Daytime Phone # 941 743-0405	10. Names and Street Addresses of Managing Members/Managers		
MGR JOSE A. CANCIA  1082 BOUNE ST PT CHARLOTTE FL33952 CHARLOTTE 33,952  MGR GTAND SEVICED  119 N STATE R) 7 PLANTATION FL 33317  MGR FELIU MANEL  119 N STATE R) 7 PLANTATION FL 33317  MGR MANTINEZ JOSE A  119 N STATE R) 7 PLANTATION FL 33317  MGR MANTINEZ JOSE A  119 N STA R) 7 PLANTATION FL 33317  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 1881 when fling 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 4-6-7 Daytime Phone # 941 743-0405			
MCR (ATANO SEVICIO 119 N STATE R) 7 PLANTATION FL 33317  MCR FELIU MANEL 119 N STATE R) 7 PLANTATION FL 33317  MCR MANTINEZ JOSE A 119 N STA R) 7 PLANTATION FL 33317  11. Lectify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. Further certify that when fling 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 4-6-7 Daytime Phone 4941 743-0405	M6 7 -	1082 BOULD ST	<u>-</u>
MAR MAYTING JOSE A 119 N S (A 117/0701036026 **205.00  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 4-6-7  Daytime Phone # 941 7 43 - 0405	MGR (9TANO SEVAIO	119 N STATE RI	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
M(n) May 1.0 × 2.50 × A. 119 N S (a) + 205.00  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 4-6-7  Daytime Phone # 941) 743-0405	MGR FELIU MANEL	119 N STATE B	7 Plantation FL 33317
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 4-6-7  Daytime Phone 491743-0405		119 N STA RI	
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 4-6-7  Daytime Phone 491) 743-0405			500097216275 04/17/0701036026 **205 00
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 4-6-7  Daytime Phone # 941 7 43 - 0405		REM	STATELLET 05-07
	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		
		Date 4/-	6-7 Daytime Phone # (941) 743-0405