


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 11 AM 8:43

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000069543

1. Limited Liability Company's Name
Southern Landmark Homes, LLC

2. Principal Office Address 3271 Island Way		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Palm City, FL		City & State	
Zip 34990	Country US	Zip	Country


CR2E041 (8/05)

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 09/06/05	
6. FEI Number 65-1114988	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name Michael Faulkner		100060498851	
Street Address (P.O. Box Number is Not Acceptable) 3271 Island Way		10/11/05--01048--007 **155.00	
Suite, Apt. #, Etc.			
City Palm City	State FL	Zip Code 34990	

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  Date **10/16/05**

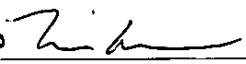
REGISTERED AGENT MUST SIGN

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
MGRM	Michael Faulkner	3271 Island Way	Palm City, FL 34990

REINSTATEMENT 2005

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 **10/16/05** Daytime Phone # **772-223-4665**

Typed or printed name of signing Managing Member/Manager **Michael K. Faulkner**