

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
08 JUN 12 PM 2:41  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT #** L04000070131

**1. Limited Liability Company's Name**  
Excalibur Homes of Florida, LLC

<b>2. Principal Office Address</b> 13642 N.W. U.S. Hwy. 441 Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> *** P.O. Box 1029 Suite, Apt. #, etc.	
City & State Alachua, FL		City & State Alachua, FL	
Zip 32615	Country Alachua	Zip 32616-1029	Country Alachua

<b>4. State/Country of Formation</b> Florida, USA	
<b>5. Date Organized or Qualified To Do Business in Florida</b> 09/27/2004	
<b>6. FEI Number</b> 20-1661810	<b>Applied For</b> Not Applicable
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	

**8. Name and Address of Current Registered Agent**

Name  
Joffre T. Boston, President

Street Address (P.O. Box Number is Not Acceptable)  
1733 N.W. 39th Drive (Home Address)


Suite, Apt. #, Etc.

City  
Gainesville

State  
FL

Zip Code  
32605

**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.**

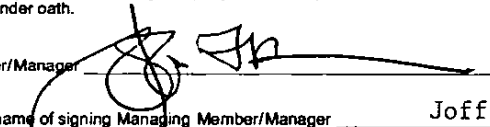
Signature of Registered Agent  Date **May 23, 2008**

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.	Joffre T. Boston	1733 N.W. 39th Drive	Gainesville, FL 32605
	<i>no penalty</i>		
	<b>REINSTATEMENT</b>		
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**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 **5/23/2008** Daytime Phone # **(386) 462-1532**

Typed or printed name of signing Managing Member/Manager **Joffre T. Boston**

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