

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2007 DEC 28 PM 12:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L04000074510

1. Limited Liability Company's Name

AMERIHOMEBUYERS LIMITED LIABILITY COMPANY

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # 1405 Townsend Blvd		3. Mailing Office Address c/ GPPT, 5800 Beach Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Ste 203-349	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32211	Country USA	Zip 32207	Country USA

4. State/Country of Formation	Florida, USA
5. Date Organized or Qualified To Do Business in Florida	10/13/2004
6. FEI Number	571221814
	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  
Patrick P Maillet

Street Address (P.O. Box Number is Not Acceptable)  
1405 Townsend Blvd

Suite, Apt. #, Etc.

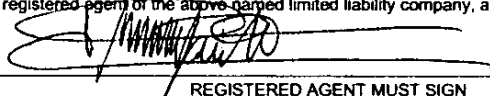
City  
Jacksonville

State  
FL

Zip Code  
32211

A \$100 reinstatement fee is imposed, except 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.

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 12-26-07

REGISTERED AGENT MUST SIGN

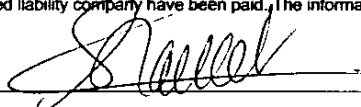
10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MgrM	Elyette Maillet	1405 Townsend Blvd	Jacksonville, FL - 32211

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12/27/07--01029--004 \*\*155.00

REINSTATEMENT 06-07

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 12/26/07 Daytime Phone # 904 3714 920

Typed or printed name of signing Managing Member/Manager Elyette Maillet