

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

14 FEB 21 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L04000075760**

1 Limited Liability Company's Name

FLORIDA Quality Home Builders LLC

2 Principal Office Address - No P.O. Box # 3 Mailing Office Address

3000 SW 128 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

33175

Country

USA

Zip

Country

CR2E041 (1/14)

4 State/Country of Formation

5 Date Organized or Qualified
To Do Business in Florida

6 FEI Number

611408835

☐ 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

Juan STEFANO

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

3000 SW 128 AVE

Suite, Apt. #, Etc.

City

Miami

State

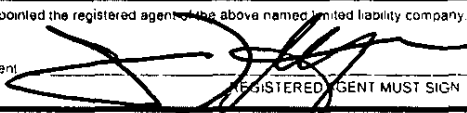
FL

Zip Code

33175

9 I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent



REGISTERED AGENT MUST SIGN

Date

OCT 11, 2013

10 Names and Street Addresses of Authorized Representatives/Managers

Titles

Name of
Authorized Representative/
Managers

Street Address of Each
Authorized Representative/
Manager

City, State, Zip

MGR NANCY STEFANO

14090 SW 34 ST

Miami FL 33175

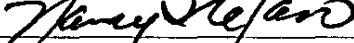
11 E-mail Address

(To be used for future annual report notifications)

12 I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager



10-11-13

Daytime Phone #

Typed or printed name of signing Authorized Representative/Manager

900257035489
02/21/14--01005--017 **1071.25

Reality