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

DOCUMENT # L04000075760

1 Limited Liability Company's Name

FLORIDA Quality Home Builders LLC

CR2E041 (1/14)

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

4 State/Country of Formation

5 Date Organized or Qualified To Do Business in Florida

6 FEI Number: 611488835 ☐ 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: _____ Date: OCT 11, 2013

REGISTERED AGENT MUST SIGN

10 Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ 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 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 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: _____ Date: 10-11-13 Daytime Phone # _____

Typed or printed name of signing Authorized Representative/Manager: _____

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Re 2/21/14