

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000016582

FILED
Jan 03, 2007
Secretary of State

Entity Name: HOMETOWN ENTERPRISES LLC

Current Principal Place of Business:

69 WEST MACCLENNEY AVE.
MACCLENNEY, FL 32063

New Principal Place of Business:

PO BOX 412
MACCLENNEY, FL 32063

Current Mailing Address:

69 WEST MACCLENNEY AVE.
MACCLENNEY, FL 32063

New Mailing Address:

PO BOX 412
MACCLENNEY, FL 32063

FEI Number: 20-2432140 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

WILDS, DOUGLAS L MR
461 ISLAMORADA DR S
MACCLENNEY, FL 32063 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DOUGLAS L WILDS

01/03/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WILDS, DOUGLAS
Address: 702 CHIPSHOT DRIVE
City-St-Zip: MACCLENNEY, FL 32063

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WILDS, DOUGLAS
Address: 461 ISLAMORADA DR S
City-St-Zip: MACCLENNEY, FL 32063

Title: MGR () Change (X) Addition
Name: WILDS, TRACY
Address: 461 ISLAMORADA DR S
City-St-Zip: MACCLENNEY, FL 32063

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DOUGLAS L WILDS

MGRM

01/03/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date