

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000024532

1. Limited Liability Company's Name

Fien Home Resources, LLC

08 DEC -2 PM 2:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA

200138380062
12/02/08--01030--006 **277.50

CR2E041 (10/08)

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

4377 Marines Core Dr.
Suite, Apt. #, etc.

3. Mailing Office Address

4377 Marines Core Dr.
Suite, Apt. #, etc.

City & State

Wellington, FL
Zip Country
33449 USA

City & State

Wellington, FL
Zip Country
33449 USA

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified
To Do Business in Florida

2005

6. FEI Number

202488372

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

Barry Fienberg

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

4377 Marines Core Dr.

Suite, Apt. #, Etc.

City

Wellington

State

FL

Zip Code

33449

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 11/14/08

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
MEM	Gail Fienberg	4377 Marines Core Dr	Wellington, FL 33449
MEM	Barry Fienberg	4377 Marines Core Dr.	Wellington, FL 33449

REINST

07.08

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

[Signature]

Date 11/14/08

Daytime Phone # 561-603-4006

Typed or printed name of signing Managing Member/Manager

Gail Fienberg