PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 JUL -6 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100182066891
07/02/10--01036--002 **133.75

100182066891
06/14/10--01068--005 **382.50

CR2E041 (05/10)

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000038408

1. Limited Liability Company's Name

Mandrin Homes of Florida, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1200 South Pine Island Rd	8174 Ritchie Highway
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Plantation, FL	City & State: Pasadena, MD
Zip: 33324 Country: USA	Zip: 21122 Country: USA

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida: 04/19/05

6. FEI Number: 20-2736460 ☐ 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: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Rd

Suite, Apt. #, Etc.

City: Plantation State: FL Zip Code: 33324

REINSTATEMENT 2008-10 SAH

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] Mark J. Diffenbaugh REGISTERED Asst. Secretary & V. President Date: 6/10/10

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	Edward Kennedy	8174 Ritchie Highway	Pasadena, MD 21122
MGRM	James J. Madrin	8174 Ritchie Highway	Pasadena, MD 21122

11. E-mail Address: kstrevig@cacpas.net (To be used for future annual report notifications)

12. 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: 6-10-10 Daytime Phone #: 410 544-3500

Typed or printed name of signing Managing Member/Manager: Edward Kennedy

516.25