


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000040400	
1. Entity Name HOME INVESTORS OF GAINESVILLE, LLC	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT -8 PM 2:29

Principal Place of Business 4605 NW 6 PEEE Street SUITE H GAINESVILLE, FL 32609	Mailing Address 4605 NW 6 PEEE Street SUITE H GAINESVILLE, FL 32609
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2. Principal Place of Business - No P.O. Box # 4605 NW 6 Street Suite, Apt. #, etc. H	3. Mailing Address 4605 NW 6 street Suite, Apt. #, etc. H
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City & State Gainesville FL	City & State Gainesville FL
Zip 32609	Zip 32609
Country USA	Country USA



4. FEI Number 20-2733224	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent DREYER, JONATHAN 4605 NW 6 STREET H GAINESVILLE, FL 32609	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE 10/3/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

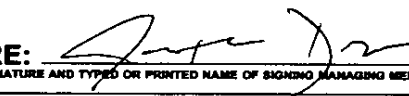
FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to: Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES DREYER, JONATHAN E 4605 NW 6TH ST SUITE H GAINESVILLE, FL 32609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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REINSTATEMENT

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  DATE 10/3/07 DAYTIME PHONE 352-378-6003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE