

~~PLEASE~~ READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 JAN -7 PM 1:34

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # L05000051593

1. Limited Liability Company's Name

Casten Home Building, LLC

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

155 citrus ST

Suite, Apt. #, etc.

City & State

LaBelle, FL

Zip

33935

Country

US

3. Mailing Office Address

155 citrus ST

Suite, Apt. #, etc.

City & State

LaBelle, FL

Zip

33935

Country

US

4. State/Country of Formation

FL / US

5. Date Organized or Qualified  
To Do Business in Florida

5/24/05

6. FEI Number

20-2900354

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

Wayne R Casten

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

155 citrus ST

Suite, Apt. #, Etc.

City

LaBelle

State

FL

Zip Code

33935

☒ 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

Wayne R Casten

REGISTERED AGENT MUST SIGN

Date 12/30/09

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	Wayne R Casten	155 citrus ST LaBelle, FL 33935	LaBelle, FL 33935

REINSTATEMENT 06-09

**L. SELLERS**

JAN - 8 2010

5001638857165

\$700

12/20/09 01028/014

**EXAMINER**

11. E-mail Address: Casten home@yahoo.com

(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

Wayne R Casten

Date 12/30/09 Daytime Phone # 863-673-7359

Typed or printed name of signing Managing Member/Manager

Wayne R Casten