## 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

2. Principal Piace of Business - No P.O. Box # 3. Mailing Address  Sulle, Apl. #, etc.   Sulte, Apl. #, etc.   10222007 REIN-LLC CR2E101 (1/07)  City & State   4. FEI Number   30-0322262   New Applied For 50-032262   New Applied For 50-032	DOCUMENT # L050000618  1. Entity Name FUTURE HOMES BY GEORGE, LLC	320		2007 OCT 24 PM 1: 57	
Suite, Apt. F, etc.    Suite, Apt. F, etc.   Suite, Apt. F, etc.   10222007 REIN-LLC CR2E101 (1/07)   Coy & State   City & State   A FEI Number   30-0322262   Nather Part   Nather   30-032226   Nather Part   Nather   30-03226   Nather Part   Nather   Nath	1864 BRADDOCK AVENUE	1864 BRADDOCK AVEN		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
City & State  Ci	2. Principal Place of Business - No P.O. Box #	3. Mailing Address	<u>.</u>		
2p Country 2p Country 5. Certificate of Status Desired 5.00 Additional Fee Required  8. Name and Address of Current Registered Agent 7. Name and Address of Name Registered Agent 7. Name and Address of Name Registered Agent 8. The above named entity submits this statement to the purpose of changing its registered agent, or both, in the State of Fords. I am familiar with, and accordance with a collegations of registered agent.  SIGNATURE States Agent or resistance agent of the statement to the purpose of changing its registered agent, or both, in the State of Fords. I am familiar with, and accordance with a collegation of registered agent, or both, in the State of Fords. I am familiar with, and accordance with a collegation of registered agent, or both, in the State of Fords. I am familiar with, and accordance with a collegation of registered agent, or both, in the State of Fords. I am familiar with, and accordance with a collegation of registered agent, or both, in the State of Fords. I am familiar with, and accordance with a collegation of registered agent, or both, in the State of Fords. I am familiar with, and accordance with a collegation of registered agent, or both, in the State of Fords. I am familiar with, and accordance with a collegation of registered agent, or both, in the State of Fords. I am familiar with, and accordance with a collegation of registered agent, or both, in the State of Fords. I am familiar with, and accordance with a collegation of registered agent, or both, in the State of Fords. I am familiar with, and accordance (P.O. Box Number is Nox Acceptable)  SIGNATURE States agent age	Suite, Apt. #, etc.	Suite, Apt. #, etc.		10222007 REIN-LLC CR2E101 (1/07)	
8. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fords. I am hamiliar with, and acceled the obligations of ingistered agent.  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fords. I am hamiliar with, and acceled the obligations of ingistered agent.  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fords. I am hamiliar with, and acceled the obligations of ingistered agent.  9. The HOWITE FEE IS \$60.00  After January 1, 2008, Fee will be \$100.00  In accordance with 5, 607, 193(2)(b), F.S., the limited liability company did not receive the prior notice.  9. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  10. CANGES  10.		·			
Normal   Street Address (P.O. Box Number is Not Acceptable)			Country	5. Certificate of Status Desired Fee Required	
Street Address (P.O. Box Number is Not Acceptable)    City	6. Name and Address of Current R	legistered Agent	Name	7. Name and Address of New Registered Agent	
NORTHPORT, FL 34288  City  City  FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and according to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and according to the subject of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and according to the subject of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and according to the subject of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and according to the subject of Florida Department of State  FILE NOWID 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 paysable to Florida Department of State  Florida Department of State  Make Change Department of State  TOUT 1 1 3 0 3 3 7 10 11 1 3 0 3 3 7	•		Street Address	Street Address (P.O. Box Number is Not Acceptable)	
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accordance to obligations of registered agent.  SIGNATURE    STEAL OF STATE				Giren Address (1.0. Dox Admost 15 for Addeptions)	
the obligations of registered agent.  SIGNATURE Signature Properties agent of the supplied agent and the supplied agent ag			City	FL Zip Code	
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  10. ADDITIONS/CHANGES  TITLE MGRM Delete TITLE NORTH PORT, FL 34288  TITLE MGRM DELL, GEORGE T SIRRET ADDRESS CITY-ST-2P TO CHARLOTTE, FL 34288  TITLE MGRM Delete TITLE MGRM Delete TITLE MGRM DELET SIRRET ADDRESS CITY-ST-2P SIRRET ADDRESS CITY-ST-2P SIRRET ADDRESS CITY-ST-2P TO CHARLOTTE, FL 34288  TITLE MGRM DELET SIRRET ADDRESS CITY-ST-2P SIRRET ADDRESS CITY-ST-2P TO CHARLOTTE, FL 34288  TITLE MGRM DELET SIRRET ADDRESS CITY-ST-2P TO CHARLOTTE, FL 33953  TITLE MGRM SIRRE		the purpose of changing its	registered office or registe	ered agent, or both, in the State of Florida. I am familiar with, and accept	
After January 1, 2006, Foe will be \$100.00  Itability company did not receive the prior notice.    ADDITIONS/CHANGES	SIGNATURE GEORGE T. BRISE Signature, typed is printed name of registered agent an	JE / (NOTE	E. Registered Agent Agent Agents requ	Tribull 10/20/07  ulinot whosp winestatings	
TITLE MARE BRIDWELL, GEORGE T STREET ADDRESS CITY-ST-2P TITLE MGRM BRIDWELL, MOLLY L				o minico	
NAME SIREET ADDRESS CITY-ST-ZIP NORTH PORT, FL 34288  CITY-ST-ZIP  TITLE MGRM BRIDWELL, THOMAS S SIREET ADDRESS CITY-ST-ZIP NORTH PORT, FL 34288  CITY-ST-ZIP TITLE MGRM HOWELL, JEFF J SIREET ADDRESS CITY-ST-ZIP TITLE MGRM HOWELL, JEFF J SIREET ADDRESS CITY-ST-ZIP TITLE MGRM HOWELL, JEFF J SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-		S/MANAGERS	10.	ADDITIONS/CHANGES	
TITLE MARE BRIDWELL, MOLLY L STREET ADDRESS CITY-ST-ZIP NORTHPORT, FL 34288 CITY-ST-ZIP NORTHPORT, FL 34288 CITY-ST-ZIP Change Additional	NAME BRIDWELL, GEORGE T STREET ADDRESS 1864 BRADDOCK AVENUE	☐ Delete	NAME STREET ADDRESS	700111300397	
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NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  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	NAME BRIDWELL, THOMAS S STREET ADDRESS 1864 BRADDOCK AVE.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
NAME STREET ADDRESS CITY-ST-ZIP  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	NAME BRIDWELL, THOMAS S STREET ADDRESS 1864 BRADDOCK AVE. CITY-ST-ZIP NORTH PORT, FL 34288  TITLE MGRM NAME HOWELL, JEFF J STREET ADDRESS 462 BEACH ST		TITLE NAME STREET ADDRESS CITY-ST-ZIP  ITTLE NAME STREET ADDRESS		
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inflied leading company of the receiver of trusted empowered to execute this report as required by chapter doc, righted statutes.	NAME STREET ADDRESS CITY-ST-ZIP  MGRM HOWELL, JEFF J STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	⊠_Delete ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP  ITILE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	GER Change MAddition CHANGE CORAL, FL 33990	
SIGNATURE: Malley & Bridwill 10 - 20 - 07 SIGNATURE AND TYPED OR PRINTED HAVE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Design Designing Phone #	NAME STREET ADDRESS CITY-ST-ZIP NORTH PORT, FL 34288  TITLE MGRM HOWELL, JEFF J STREET ADDRESS CITY-ST-ZIP PT CHARLOTTE, FL 33953  TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete  Delete  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP  IITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  or the exemptions contained the same legal effect as if	Change Addition Change Paddition Change Paddition Change Paddition Change Paddition Change Paddition Page Paddition Page Paddition Page Page Page Page Page Page Page Page	