

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000061820		
1. Entity Name FUTURE HOMES BY GEORGE, LLC		

FILED

2007 OCT 24 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 1864 BRADDOCK AVENUE NORTHPORT, FL 34288	Mailing Address 1864 BRADDOCK AVENUE NORTHPORT, FL 34288
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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10222007 REIN-LLC CR2E101 (1/07)

City & State	City & State
Zip	Country

4. FEI Number 30-0322262	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BRIDWELL, GEORGE T 1864 BRADDOCK AVENUE NORTHPORT, FL 34288
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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 <u>GEORGE T. BRIDWELL</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<u><i>George T. Bridwell</i></u> <u>10/20/07</u> <small>(NOTE: Registered Agent Signature required when reinstating) DATE</small>

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRIDWELL, GEORGE T 1864 BRADDOCK AVENUE NORTHPORT, FL 34288 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRIDWELL, MOLLY L 1864 BRADDOCK AVENUE NORTHPORT, FL 34288 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRIDWELL, THOMAS S 1864 BRADDOCK AVE. NORTH PORT, FL 34288 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOWELL, JEFF J 462 BEACH ST PT CHARLOTTE, FL 33953 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700111300397 10/24/07--01047--009 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT <u>07</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RONALD E. BLANK 902 S.E. 23RD. TERR CAPE CORAL, FL 33990 <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>Molly L. Bridwell</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<u>10-20-07</u> <small>Date Daytime Phone #</small>