## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 09 FEB 16 PM 3: 4%
DOCUMENT # Lo \$ 0000 74965  1. Limited Liability Company's Name		SECRETARY OF STATE TALLAHASSEE, RUCKER
.Home Pat,	LLC	·
2. Principal Office Address - No P.O. Box #	3. Mailing Office Address	CR2E041 (12/07)
J2514 Holyoure Av	Suite, Apt. #, etc.	4. State/Country of Formation  Flow State (Country of Formation)  5. Date Organized or Qualified To Do Business in Florida
City & State Tampa, F1,	City & State	6. FEI Number   Applied For   Not Applicable
33624 Country	Zip Country	CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status
Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City  State  State		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. 1, 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 Date REGISTERED AGENT MUST SIGN		
10. Names and Street Addresses of Managing Mer	mbers/Managers	
Titles Name of Managing Members/Manag	Street Address of Eac	
MCR Dewayne Book	Dee 12214 Holyak	6 Ase. Tampa, El. 33624 
REINST	TATEMENT	027251031373297843
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11. 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 filling 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 Date 01-18-08 Daytime Phone # 813-960-3579		
Typed or printed name of signing Managing Member/Manager		

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