

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000083106

**FILED**  
**Mar 21, 2007**  
**Secretary of State**

**Entity Name:** FLORIDA BEST HOMES, LLC

**Current Principal Place of Business:**

2810 4TH STREET, NW  
NAPLES, FL 34120 US

**New Principal Place of Business:**

**Current Mailing Address:**

2810 4TH STREET, NW  
NAPLES, FL 34120 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MONTE DE OCA, ISMAEL  
2810 4TH STREET, NW  
NAPLES, FL 34120 US

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.

SIGNATURE: ISMAEL MONTE DE OCA

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MONTE DE OCA, ISMAEL  
Address: 2810 4TH STREET, NW  
City-St-Zip: NAPLES, FL 34120 US

Title: MGR ( ) Delete  
Name: GLANTZ, DANIEL  
Address: 2431 SW 131ST TERRACE  
City-St-Zip: DAVIE, FL 33325

Title: MGR ( ) Delete  
Name: IMPELLIZERI, JOHN  
Address: 1504 S SURF ROAD, SUITE #32  
City-St-Zip: HOLLYWOOD, FL 33019

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ISMAEL MONTE DE OCA

MGR

03/21/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date