

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 11 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000093781

1. Limited Liability Company's Name

American Home Acquisition Services, LLC

CR2E041 (10/09)

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

4320 Deerwood Lake Parkway

3. Mailing Office Address

4320 Deerwood Lake Parkway

4. State/Country of Formation **Florida/USA**

Suite, Apt. #, etc.

101-452

Suite, Apt. #, etc.

101-452

5. Date Organized or Qualified
To Do Business in Florida **09/23/2005**

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

6. FEI Number

20-3510802

Applied For

Not Applicable

Zip

32216

Country

USA

Zip

32216

Country

USA

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee
required for a
Certificate of Status

8. Name and Address of Current Registered Agent

Name

Steven J. Brewer

Street Address (P.O. Box Number is Not Acceptable)
4320 Deerwood Lake Parkway

Suite, Apt. #, Etc.

101-452

City

Jacksonville

State

FL

Zip Code

32216

☒ 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 fee 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

Date **11/06/2009**

REGISTERED AGENT MUST SIGN

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
MGMR	Steven J. Brewer	8451 Gate Parkway West #641	Jacksonville/Florida/32216

REINSTATEMENT 0809

DBR

2009102640402
11/15/09 010000 010 **138.75

2009102640402
12/11/09 01045-001 **138.75

11. E-mail Address: **wefindsolutions@gmail.com**

(To be used for future annual report notifications)

12. I certify that I am a managing member/manager or the receiver or trustee empowered to execute this application as provided 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

Date **11/06/2009**

Daytime Phone # **(904) 472-1230**

Typed or printed name of signing Managing Member/Manager

Steven J. Brewer