2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000010029

City-St-Zip:

TALLAHASSEE, FL 32308

Entity Name: GREYSTONE HOMES, LLC

FILED Jun 17, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6753 THOMASVILLE RD. 108-324 TALLAHASSEE, FL 32312 **New Mailing Address: Current Mailing Address:** 6753 THOMASVILLE RD. 108-324 TALLAHASSEE, FL 32312 FEI Number: 20-4200181 FEI Number Applied For () 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: SANDERS, DAVID E JR 1463 APPLEWOOD WAY TALLAHASSEE, FL 32312 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: DAVID SANDERS Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete SANDERS, DAVID E JR Name: Name: Address: 1463 APPLEWOOD WAY Address: City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: BLACK, JASON S Name: Address: 1451 APPLEWOOD WAY Address: City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition NICKEL, DAVID V Name: Name: 3624 CRAIGS HOUSE CT. Address: Address:

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: DAVID SANDERS MGRM 06/17/2009