2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000017127

Address:

City-St-Zip:

Entity Name: HOMESTEAD POINT, LLC

FILED Aug 27, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 9483 COUNTY ROAD 49 LIVE OAK, FL 32060 **Current Mailing Address: New Mailing Address:** 9483 COUNTY ROAD 49 P.O. 969 LIVE OAK, FL 32060 LIVE OAK, FL 32064 FEI Number: 56-2562268 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: PEELE, S. AUSTIN MARTIN, CAROL 285 NORTHEAST HERANDO AVENUE 9483 CO. RD 49 LIVE OAK, FL 32064 US LAKE CITY, FL 32055 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: CAROL MARTIN 08/27/2008 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: () Delete Title: MRS. () Change (X) Addition MARTIN, CAROL B Name: Name: Address: Address: 9483 CO, RD. 49 City-St-Zip: City-St-Zip: LIVE OAK, FL 32060 Title: Title: () Change (X) Addition () Delete Name: Name: STRICKLAND, KENNETH R Address: Address: 260 S.E. 192ND AVE. City-St-Zip: City-St-Zip: WILLISTON, FL 32696 Title: () Delete Title: () Change (X) Addition STRICKLAND, JESSE Name: Name: 20835 NW 13TH STR. Address: Address: City-St-Zip: City-St-Zip: DUNNELLON, FL 34431 Title: () Delete Title: MR. () Change (X) Addition Name: Name: ELLIS, JAMES

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.

Address:

City-St-Zip:

6280 N. CHERRY TREE LANE

HERNANDO, FL 34442

SIGNATURE: CAROL B. MARTIN PRES 08/27/2008