

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000043188

1. Limited Liability Company's Name

HOMESAVERS OF AMERICA, LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 2840 WEST BAY DRIVE		3. Mailing Office Address 2840 WEST BAY DRIVE	
Suite, Apt. #, etc. #233		Suite, Apt. #, etc. #233	
City & State LARGO FL		City & State LARGO FL	
Zip 33770	Country US	Zip 33770	Country US

4. State/Country of Formation
FLORIDA, US5. Date Organized or Qualified
To Do Business in Florida APRIL 10, 20066. FEI Number
204785530Applied For
Not Applicable7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name HASSAN K EL-YOUSEF		
Street Address (P.O. Box Number is Not Acceptable) 2840 WEST BAY DRIVE		
Suite, Apt. #, Etc. #233		
City LARGO	State FL	Zip Code 33770

☐ 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. 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 8/17/2009

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
MGRM	HASSAN K EL-YOUSEF	2840 WEST BAY DRIVE, #233	LARGO FL 33770
		S. HAWKES	600153891426 08/18/09--01037--006 **\$16.25
		AUG 2 5 2009	
		EXAMINER	

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 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 8/17/2009 Daytime Phone # 727-461-3232

Typed or printed name of signing Managing Member/Manager HASSAN K EL-YOUSEF

1446 COURT STREET, CLEARWATER, FLORIDA
TELEPHONE: (727) 461-3232 FACSIMILE: (727) 441-8048

LAW OFFICES OF
LENA M. AYOUB, P.A.

Fax Cover Sheet:

To: Susan	From: Lena Ayoub, Esquire
Fax: (850) 245-6030	Pages: 2
Phone: (850) 245-6955	Date: 8/24/2009
Re: Homesavers of America LLC Reinstatement	CC:

☐ Urgent ☐ For Review ☐ Please Comment ☒ Please Reply ☐ Please Recycle

Original Documents WILL _____ WILL NOT XX Follow by U.S. Mail.

Dear Susan:

Attached is the validation information you requested, regarding document number L06000043188, please call me at your earliest convenience.

Very truly yours,

Lena M. Ayoub

● This fax communication is intended only for the use of the addressee and may contain information which is privileged and confidential. If you are not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error please notify us immediately by telephone, and return the original to us by mail. Thank you.

If you do not receive all 2 pages of this fax, please call (727) 461-3232.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 24, 2009

HOMESAVERS OF AMERICA, LLC
2840 WEST BAY DRIVE 233
LARGO, FL 33770

SUBJECT: HOMESAVERS OF AMERICA, LLC
Ref. Number: L06000043188

We have received your document for HOMESAVERS OF AMERICA, LLC and your check(s) totaling \$516.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the above referenced limited liability company is no longer available. Please file an amendment changing the name of this entity. The fee to file an amendment is \$25.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together along with the applicable fees for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 709A00028520