

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2008 SEP 26 P 1:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

DOCUMENT # L06000086538

1. Limited Liability Company's Name

HOMIE 123 VESTORS LLC.

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

3110 NW. 87 TERR.

Suite, Apt. #, etc.

City & State

MIAMI FL.

Zip

33147

Country

US

3. Mailing Office Address

3110 NW. 87 TERR.

Suite, Apt. #, etc.

City & State

MIAMI FL.

Zip

33147

Country

US.

4. State/Country of Formation

FL/US

5. Date Organized or Qualified  
To Do Business in Florida

09/01/2006

6. FEI Number

80-0194370

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

ERIC PITTS

Street Address (P.O. Box Number is Not Acceptable)

3110 NW. 87 TERR.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33147

☒ 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

Eric Pitts

REGISTERED AGENT MUST SIGN

Date SEPT. 18, 2008

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
MEM	ERIC PITTS	3110 NW 87 TERR	Miami FL 33147
			800136383688
			09/26/08--01038--009 **282.50

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

Eric Pitts

Date SEPT. 18, 2008 Daytime Phone (305) 893-6136

Typed or printed name of signing Managing Member/Manager