

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 DEC -5 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LO6000100571

1. Limited Liability Company's Name

NORTHWEST HomeBUYERS, LLC

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

4480 Westover Drive

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Zip

32303

Country

United States

Zip

Country

4. State/Country of Formation

Florida United States

5. Date Organized or Qualified
To Do Business in Florida

October 6,
2006

6. FEI Number

13-4346609

☐ 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

Leroy Hunter

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

4480 Westover Drive

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32303

800214873608

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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

Leroy Hunter

REGISTERED AGENT MUST SIGN

Date

December 5,
2011

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
<u>mgr</u>	<u>Leroy Hunter</u>	<u>4480 Westover</u>	<u>Tallah FL 32303</u>

L. SELLERS

DEC

2011

EXAMINER

11. E-mail Address. LHpainting@yahoo.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 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of

Managing Member/Manager

Leroy Hunter

Date

12-5-2011

Daytime Phone #

850 294 6094

Typed or printed name of signing Managing Member/Manager