2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000100710 1. Entity Name LAW HOMES, LLC					FILED SECRETARY OF STATE DIVISION OF CORPORATION 08 MAY 14 PM 12: 53			
Principal Place of Business 4684 KEYSER LN PACE, FL 32571 US		Mailing Address 4684 KEYSER LN PACE, FL 32571 US		l issinali s			i di di uzu uniku	
2. Principal P	face of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04292008	REIN-LLC	CR2E101 (1/07)	
City & State		City & State			4. FEI Numb		3 (No	oplied For of Applicable
Zip	Country	Zip	Country			e of Status Desired	□ \$5.00 Add Fee Require	litional d
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name LARRY A. WILLARD Street Address (P.O. Box Number is Not Acceptable) 4684 Keyser Lane City PACE. FL Zip Code 71				
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, of both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FIL	E NOW!!! FEE IS \$277.50	In accordance with s liability company did	nnce with s. 607.193(2)(b), F.S., the lim mpany did not receive the prior notice.		e limited tice.	mited Make check payable to Florida Department of State		
9.	MANAGING MEMBE		10.			ADDITIONS/		
NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLARD, SUSAN E 4684 KEYSER LN PACE, FL 32571	Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	174.	RM LARD, L BAKEY LR, FL,	AREY AI BENLAND 32571	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	MG WILL RESS 468 PAC	IRM ARO, 3 4 KEYS E, FL.	USANE. DE LANE 32571	TX Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delcte III NV SI			RESS			□ Change 3364982 19004 **27	□ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDI CITY-ST-ZIP				☐ Change	☐ Addition	
11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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. 4-30-08								