

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

15 MAR 16 PM 3:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L07000003418

1 Limited Liability Company's Name

ELITE HOME DEVELOPERS, LLC

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

211 TIMBERLANE RD

Suite, Apt. #, etc

City & State

TALLAHASSEE, FL

Zip

32312

Country

3 Mailing Office Address

SAME

Suite, Apt. #, etc

City & State

Zip

Country

CR2E041 (1/14)

4. State/Country of Formation

FL / USA

5 Date Organized or Qualified  
To Do Business in Florida

1/10/07

6. FEI Number

20-8208880

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

DANIEL MANAUSA

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

1701 HERMITAGE BLVD SUITE 100

Apt. #, Etc

City

TALLAHASSEE, FL

State

FL

Zip Code

32308

900270710929  
03/17/15--01001--008 \*\*932.50

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of

Registered Agent

Date

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	PETER GONZALEZ JR	211 TIMBERLANE RD	TALLAHASSEE, FL 32312

11 E-mail Address

~~XXXXXXXXXX~~ PETE@TALCOR.COM

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member

Date

3/16/15

Daytime Phone #

510-7864

Typed or printed name of signing authorized representative/member

Pa 3/16/15