

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2011 AUG 22 AM 10:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L07000035436

1. Limited Liability Company's Name

Almost Heaven, LLC

700211067897  
08/15/11--01048--014 \*\*\*680.00  
CR2E041 (1/11)

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

2172 Platinum Rd.

Suite, Apt. #, etc.

Ste. H

City & State

Apopka, FL

Zip

32703

Country

USA

3. Mailing Office Address

2172 Platinum Rd

Suite, Apt. #, etc.

Ste. H

City & State

Apopka, FL

Zip

32703

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified  
to Do Business in Florida

6. FEI Number

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

Randy Lazarus

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

2172 Platinum Rd.

Suite, Apt. #, Etc.

Ste. H

City

Apopka

State

FL

Zip Code

32703

E-mail Address:

randy@classichomes.us  
(To be used for future annual report notices)

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

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	<u>Carla Ronca</u>	<u>2172 Platinum Rd Ste H</u>	<u>Apopka, FL 32703</u>
MEM	<u>Phil Fry</u>	<u>P.O. Box 628004</u>	<u>Orlando, FL 32862</u>
MEM	<u>Randy Lazarus</u>	<u>2172 Platinum Rd Ste H</u>	<u>Apopka, FL 32703</u>
MEM	<u>Amy Humphrey</u>	<u>16 Barnington Dr.</u>	<u>Wheeling, WV 26003</u>

**REINSTATEMENT** 08/11 RL

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. 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

Date

8.11.11

Daytime Phone #

407.247.9337

Typed or printed name of signing Managing Member/Manager

Randy Lazarus