

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

11 APR 29 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/11)

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000089794

1. Limited Liability Company's Name
The Homes of Merritt, LLC

2. Principal Office Address - No P.O. Box #
2208 Ten Oaks Dr

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tallahassee, FL

City & State

Zip Country
32312 Leon

Zip Country

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
Mark Sweet

Street Address (P.O. Box Number is Not Acceptable)
2208 Ten Oaks Dr

Suite, Apt. #, Etc.

City State Zip Code
Tallahassee FL 32312

E-mail Address:

200205940142
04/29/11--01008--022 **655.00

(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 [Signature]
REGISTERED AGENT MUST SIGN

Date 4-29-11

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>MEM</u>	<u>Mark Sweet</u>	<u>2208 Ten Oaks Dr.</u>	<u>Tallahassee, FL 32312</u>

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 [Signature]

Date 4-29-11

Daytime Phone # 850-545-9000

Typed or printed name of signing Managing Member/Manager