

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 APR 8 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LOT 000097819

1. Limited Liability Company's Name

Marquis Custom Homes, LLC

CR2E041 (1/14)

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

290 NE 5th Ave

Suite, Apt. #, etc.

#10

City & State

Delray Beach, FL

Zip

33483

Country

US

3. Mailing Office Address

290 NE 5th Ave

Suite, Apt. #, etc.

#10

City & State

Delray Beach, FL

Zip

33483

Country

US

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

09/25/2007

6. FEI Number

261130641

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

George J. Mavrookas

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

290 NE 5th Ave

Suite, Apt. #, Etc.

#10

City

Delray Beach

State

FL

Zip Code

33483

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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 605, F.S.

Signature of
Registered Agent

Date

4/7/14

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	Gus Leontarakis	1525 North Ft Lauderdale Beach Blvd.,	Fort Lauderdale, FL 33304
MGRM	George J. Mavrookas	290 NE 5th Ave, #10	Delray Beach, FL 33483
			S. HAWKES
			APR 18 A.M.
			EXAMINER

11. E-mail Address: gimavrookas@gmail.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 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 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date

Daytime Phone #

Typed or printed name of signing Authorized Representative/Manager Gus Leontarakis