

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000101632

1. Entity Name
FATHER & SONS BUY HOMES, L.L.C.



FILED

09 MAY 27 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business: 3491-11 THOMASVILLE ROAD, SUITE 222 TALLAHASSEE, FL 32309
Mailing Address: 3491-11 THOMASVILLE ROAD, SUITE 222 TALLAHASSEE, FL 32309

2. Principal Place of Business - No P.O. Box #: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

05272009 REIN-LLC CR2E101 (1/07)

City & State

4. FEI Number Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

O'LEARY, PATRICK G
3491-11 THOMASVILLE ROAD, SUITE 222
TALLAHASSEE, FL 32309

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$277.50 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. **Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM <input type="checkbox"/> Delete
NAME	O'LEARY, PATRICK G
STREET ADDRESS	3491-11 THOMASVILLE ROAD, SUITE 222
CITY-ST-ZIP	TALLAHASSEE, FL 32309
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	000156478520
CITY-ST-ZIP	05/28/09--01001--006 **138.75
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	000156478520
CITY-ST-ZIP	05/01/08--90024--011 **143.75
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

REINSTATEMENT 2008-09

11. I hereby certify that the information supplied with this filing 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.

SIGNATURE: *Patrick A. O'Leary* Date: 5/27/09 Daytime Phone #: 850/524-2000

JB