

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM


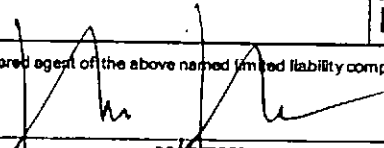
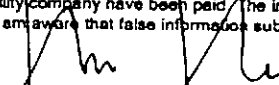
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CR2E041 (1/14)

15-22

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L09000043374			
1. Limited Liability Company's Name FLORIDA DWELLINGS LLC			
2. Principal Office Address - No P.O. Box # 1580 Sawgrass Corporate Parkway Suite, Apt. #, etc. Suite 130 City & State Sunrise, Florida Zip 33323 Country USA		3. Mailing Office Address 1580 Sawgrass Corporate Parkway Suite, Apt. #, etc. Suite 130 City & State Sunrise, Florida Zip 33323 Country USA	
4. State/Country of Formation FL		5. Date Organized or Qualified To Do Business in Florida 5/4/09	
6. FEI Number 26-4832574		Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		55.00 Additional Fee required for a certificate of status	
8. Name and Address of Current Registered Agent Name PETER RICHTER Street Address (P.O. Box Number is Not Acceptable) Suite, 928 Sunflower Circle Apt. #, Etc. City Weston State FL Zip Code 33327			
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  REGISTERED AGENT MUST SIGN Date July 31, 2022			
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
MGR	PETER RICHTER	928 Sunflower Circle	Weston, Florida 33327
11. E-mail Address: prichter@cstd-group.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 July 31, 2022 Daytime Phone # 305-218-2794	
Typed or printed name of signing authorized representative/member Peter Richter			