PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 DEC 30 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L10000029684

1. Limited Liability Company's Name

EXCELLENT ECO HOMES, LLC

CR2E041 (1/11)

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2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2020 N.E. 163rd STREET	2020 N.E 163rd STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE 300 MM	SUITE 300 MM
City & State	City & State
NORTH MIAMI BCH. FL	NORTH MIAMI BCH. FL.
Zip / Country	Zip / Country
33162 / US	33162 / US

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 03/17/2010

6. FEI Number: 27-2148879 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required

8. Name and Address of Current Registered Agent

Name: FRANTZ METELLUS

Street Address (P.O. Box Number is Not Acceptable): 2020 N.E. 163rd STREET

Suite, Apt. #, Etc.: SUITE 300 MM

City: NORTH MIAMI BCH. State: FL Zip Code: 33162

E-mail Address:

400215678504
12/30/11--01023--011 **238.75

frantzflo@juno.com
(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 Frantz Metellus Date 28 DEC 2011
REGISTERED AGENT MUST SIGN

REINSTATEMENT

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
MGRM	FRANTZ METELLUS	2020 NE. 163rd. STREET SUITE 300 MM	NORTH MIAMI BCH.FL. 33162
MGRM	JEAN RENE METELLUS	2020 NE. 163rd STREET SUITE 300 MM	NORTH MIAMI BCH. FL 33162
MGR	HARRY DESTINE	2020 NE. 163rd SUITE 300 MM	NORTH MIAMI BCH. FL 33162

B. BOSTICK
JAN - 9 2012
EXAMINER

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 608.408, 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 Frantz Metellus Date 28 DEC 2011 Daytime Phone # 516) 903-7222

Typed or printed name of signing Managing Member/Manager