

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2014 OCT 23 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L10000073134

1. Limited Liability Company's Name

F & H Homes LLC

CR2E041 (1/14)

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

3. Mailing Office Address

4843 N STATE RD 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

City & State

City & State

Coconut Creek FL

Zip

Country

Zip

Country

33073

U.S.A.

688

8. Name and Address of Current Registered Agent

Name

Blanca Zwanger

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

4843 N STATE RD 7 APT 102

Suite, Apt. #, Etc.

900265788329
10/23/14--01012--024 **\$85.00

City

State

Zip Code

Coconut Creek

FL

33073

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

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
Mgr	Blanca Zwanger	4843 N STATE RD 7	Coconut Creek FL 33073
Mgr	Weyler Flores	1217 S 15th ST	Omaha NE 68108

11. E-mail Address:

Weyler.Flores@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

10/20/14

Daytime Phone #

954-234-8527

Typed or printed name of signing Authorized Representative/Manager

ACT 07 2014