

# 2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L10000088926

Entity Name: FAMILY HOMEPLACE LLC

FILED  
Oct 30, 2011  
Secretary of State

**Current Principal Place of Business:**

343 W 7TH STREET  
JACKSONVILLE, FL 32206 US

**New Principal Place of Business:**

**Current Mailing Address:**

343 W 7TH STREET  
JACKSONVILLE, FL 32206 US

**New Mailing Address:**

FEI Number: 27-3327420

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

JOSE, DAVID  
343 W 7TH STREET  
JACKSONVILLE, FL 32206 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: DAVID JOEL JOSE

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: JOSE, DAVID J  
Address: 343 W 7TH STREET  
City-St-Zip: JACKSONVILLE, FL 32206 US

Title: MGRM  
Name: JOSE, MARIO  
Address: 343 W 7TH STREET  
City-St-Zip: JACKSONVILLE, FL 32206 US

Title: MGRM  
Name: JOSE, NANCY  
Address: 343 W 7TH STREET  
City-St-Zip: JACKSONVILLE, FL 32206 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID J JOSE

MR.

10/30/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date