

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 DEC -11 AM 9:31
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

DOCUMENT # W3000172885

1. Limited Liability Company's Name

Affordable Land & Homes, LLC

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

2244 SW 84th Avenue

Suite, Apt. #, etc.

City & State

Davie, Florida

Zip

33324

Country

US

3. Mailing Office Address

2244 SW 84th Avenue

Suite, Apt. #, etc.

City & State

Davie, Florida

Zip

33324

Country

US

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

EMPLOYER #

6. FEI Number

47-1880624

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Florence Tupica

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

2244 SW 84th Avenue

Suite, Apt. #, Etc.

City

Davie

State

FL

Zip Code

33324

600267358566
12/11/14--01025--001 **238.75

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

X Florence Tupica
REGISTERED AGENT MUST SIGN

Date 10/24/14

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	GLENN TUPICA	2244 SW 84th Ave	Davie, Florida 33324
Mgr	FLORENCE TUPICA, Trustee	2244 SW 84th Ave	Davie, Florida 33324
<p>REINSTATEMENT 2014</p> <p>S. HAWKES DEC 12 AM EXAMINER</p>			

11. E-mail Address:

NONE

(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

Glenn Tupica

Date October 17, 2014

Daytime Phone # 954-667-4210