

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2022 JUL 18 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FL

DOCUMENT # L14000137660

1. Limited Liability Company's Name
Homes made Possible Homes LLC

000391264460
07/18/22--01304--033 **516.25
~~07/18/22 01034-033 **492.50~~

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

3. Mailing Office Address

1058 n tamiami tr

1058 n tamiami tr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

108

108

City & State

City & State

sarasota

sarasota

Zip

Country

Zip

Country

34236

usa

34236

usa

8. Name and Address of Current Registered Agent

Name

Michael Kane

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

1058 n tamiami tr

Apt. #, Etc.

108

City

sarasota

State

FL

Zip Code

34236

CR2E041 (1/14)

4. State/Country of Formation

FL/usa

5. Date Organized or Qualified
To Do Business in Florida

09/03/2014

6. FEI Number

47-1800338

Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status

REINSTATEMENT

20-22

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

[Signature]

Date 7/15/2022

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	michael Kane	1058 n tamiami tr	sarasota, fl 34236
mgr	angel Kane	1058 n tamiami tr	sarasota, fl 34236

JUL-1-8-2022

11. E-mail Address: mike1hmp@yahoo.com

M. WILLIAMS

(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

[Signature]

Date

7/15/22

Daytime Phone #

941320 5448