PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2017 SEP 20 AM 7:50

DOCUMENT # L14000196091

1. Limited Liability Company's Name
ANVER LOG HOMES LLC

100303884737
03/20/17--01020--013 **125.00

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
12106 Lakeview Dr		P.O. Box 350014	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Leesburg, FL		Grand Island, FL	
Zip	Country	Zip	Country
34788	USA	32735	USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 12/30/2014

6. FEI Number: 47-2670381 ☐ 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: LEGALINC CORPORATE SERVICES INC.

Street Address (P.O. Box Number is Not Acceptable) Suite: 5237 SUMMERLIN COMMONS BLVD

Apt. #, Etc.: SUITE 400

City	State	Zip Code
FORT MEYERS	FL	33907

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 8/23/2017

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
Member	Tony Karen	12106 Lakeview Dr	Leesburg, FL 34788

REINSTATEMENT

SEP 26 2017
R. HUNT

11. E-mail Address: anverloghomes@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 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 _____ Date 8/23/2017 Daytime Phone # (352) 530-6930

Typed or printed name of signing authorized representative/member: Tony Karen