## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

COMPANY REINSTATEMENT  LIMITED LIABILITY  Secretary of State  Division of Corporations					2023 JUL 15 1, 3:40 708418854847 06/15/2301020001 **571.25		
DOCUMENT # L20000071005  1. Limited Liability Company's Name HOMES*R*US LLC							
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address					1	CR2E041 (1/14)	
5903 Bin	nini Way I	N	5903 Bimini Way N	5903 Bimini Way N		4. State/Country of Formation	
Sunte, Apt. #, etc.			Suite, Apt #, etc.		Florida  5. Date Organized or Qualified To Do Business in Florida 03/03/2020		
City & State			City & State				
St Pete Beach, FL			St Pete Beach, FL		6. FEI Number Applied For		
Zip		Country	Zıp	Country			
33706	33706 USA		33706	USA	7. CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required for a certificate of status		
Name and Address of Current Registered Agent					]		
Name UNITED STATES CORPORATION AGENTS, INC.							
Street Address (P.O. Box Number is Not Acceptable) Suite, 476 RIVERSIDE AVE.  Apt. #, Etc.							
City State Zip Code JACKSONVILLE FL 32202							
9. I, bein Signature Registered	01 () M	Cheyenne	e Moseley, Assi			s of Chapter 605, F.S.  Date 05/26/2023	
10 Names	s and Street Ac	adresses of Authorized Represe	entatives/Managers				
Litles	Name of Authorized Representatives/ Managers			Street Address of Each Authorized Representative/ Manager		City / State / Zip	
AMBR	FELSKE, ANTHONY		Y	5903 Bimini Way N		St Pete Beach, FL 33706	
		REINST	CATEME	IVT	R. HL 06/85	NT /2J	
11, E-mail	Address an	nthonyfelske@gmail.	com				
certify that 605,0012, shall have lelony as p	when filing the F.S., and that the same legarovided for in	his reinstatement application to it all fees owed by the limiteph	nanager or the receiver or trust the eason for dissolution has t flability company have been no th. I am aware that talse inform	been eliminated, the finited laid. The information indicat mation submitted in a document of the Date Date	this application and the state of the state of the same of the sam	is provided for in Chapter 505, F.S. I further by name salisfies the requirement of section ation is true and accurate, and my signature diment of State constitutes a third degree agrange Phone #	
Typed or pa	anted name o	of signing authorized represer		-elske	· <del>-</del>		