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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 DEC 26 PM 3:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**1. DOCUMENT #** L9800000051

Name and Mailing Address

0009006 01 FP 0.352 \*\*PRSR H9 0 0615 32086-635099

AMERICAN HOMES & PRODUCTS LLC  
150 KENT ROAD  
ST. AUGUSTINE FL 32086-6350



**2. New Mailing Address**

City, State, Zip

Principal Place of Business

150 KENT ROAD  
ST. AUGUSTINE FL 32086

**3. New Principal Place of Business Address**

City, State, Zip

**4. State/Country of Formation**

FL

**5. Date Organized or Qualified  
To Do Business in Florida**

12/26/1997

**6. FEI Number**

59-3494298

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**

DOANE, CARL K  
150 KENT RD., #2-A  
ST. AUGUSTINE FL 32086

**9. Name and Address of New Registered Agent**

Name

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

600025130466

City

12/01/03--01089--024

FL

**10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.**

Signature of  
Registered Agent

*Carl K. Doane*  
REGISTERED AGENT MUST SIGN

Date

11/31/03

**11. Names and Street Addresses of Each Managing Member/Manager**

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	JONES, BURL W	110 BRIARWOOD CIRCLE	GLEN SAINT MARY FL 32040
MGRM	MARSH, CHARLES F	2855 FORBES STREET	JACKSONVILLE FL 32205
MGRM	DOANE, CARL K	8832 ATTER LANE	JACKSONVILLE FL 32116
<p><b>REINSTATEMENT</b> 02-03</p> <p>600025130466</p> <p>12/26/03--01003--024 **50.00</p> <p>AL</p>			

**12. I certify that I am managing member/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 608.406, 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.**

Signature of  
Managing Member/Manager

*Carl K. Doane*  
CARL K DOANE

Date

11/31/03

Daytime Phone #

904-891-8298

Typed or printed name of signing Managing Member/Manager

OPERATIONS MANAGER

CR2E084 (8/02)