
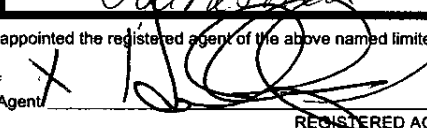
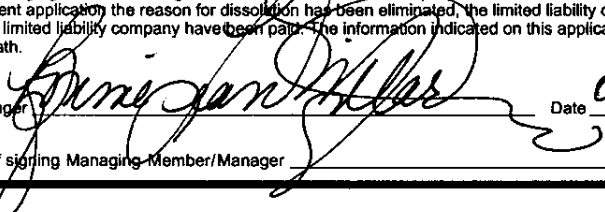


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 04 MAR 12 PM 4:18 SECRETARY OF STATE TALLAHASSEE FLORIDA 400029071334 02/19/04--01015--005 **5.00 400029071334 02/19/04--01015--004 **250.00 MJH 3/12	
DOCUMENT # L99000003389					
1. Limited Liability Company's Name Celtic Homes, L.L.C.					
2. Principal Office Address 9149 SW 47th Place Suite, Apt. #, etc.		3. Mailing Office Address None Suite, Apt. #, etc.		4. State/Country of Formation Florida USA	
City & State Gainesville, FL		City & State		5. Date Organized or Qualified To Do Business in Florida 06-09-99	
Zip 32608	Country USA	Zip	Country	6. FEI Number 20-0693796	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status					
8. Name and Address of Current Registered Agent					
Name: Harold A. Lyons					
Street Address (P.O. Box Number is Not Acceptable): 9149 SW 47th Place					
Suite, Apt. #, Etc.					
City: Gainesville			State: FL	Zip Code: 32608	
9. 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: 				Date: _____	
REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Managing Members/Managers					
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager		City / State / Zip	
MEM	Harold A. Lyons	9149 SW 47th Place		Gainesville FL 32608	
MEM	Bonnie-Jean Millar	9149 SW 47th Place		Gainesville FL 32608	
REINSTATEMENT 2008 2003, 2004					
11. 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: 				Date: 02.10.04 Daytime Phone #: 352.335.6868	
Typed or printed name of signing Managing Member/Manager: _____					

CR2E041 (10/02)