PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1. Limited Liability Company's Name

LANGLEY HOMES, L.L.C.

2. Principal Office Address	3. Mailing Office Address
4001 TAMIAMI TR N	4001 TAMIAMI TR N
Suite, Apt. #, etc. 285	Suite, Apt. #, etc. 285
City & State NAPLES, FLORIDA	City & State NAPLES, FLORIDA
Zip 34103 Country USA	Zip 34103 Country USA

4. State/Country of Formation FLORIDA

5. Date Organized or Qualified To Do Business in Florida 8/26/99

6. FEI Number 65-0941161 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: KYLE N. WILLIAMSON

Street Address (P.O. Box Number is Not Acceptable): 4001 TAMIAMI TR N

Suite, Apt. #, Etc.: 285

City: NAPLES State: FL Zip Code: 34103

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: [signature] REGISTERED AGENT MUST SIGN Date: 10/25/01

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	MINHAS, MAX	GULF BREEZE #1103A 25 BLUEBILL AVENUE	NAPLES, FL 41.08

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 upon 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 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: [signature] Date: 10/26/01 Daytime Phone # 00 44 208 800 2170

Typed or printed name of signing Managing Member/Manager