

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # L99000008762

1. Limited Liability Company's Name
Hometown Realty of Broward III, L.C.

2. Principal Office Address
2500 Weston Road

Suite, Apt. #, etc.
105

City & State
Weston, Florida

Zip Country
33327 Broward

3. Mailing Office Address
2500 Weston Road

Suite, Apt. #, etc.
105

City & State
Weston, Florida

Zip Country
33327 Broward

4. State/Country of Formation
Florida, USA

5. Date Organized or Qualified
To Do Business in Florida 12/14/99

6. FEI Number ☒ Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$3.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
George Befeler

Street Address (P.O. Box Number is Not Acceptable)
80 S.W. 8th Street

Suite, Apt. #, Etc.
3100

City
Miami

State Zip Code
FL 33130

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 _____
REGISTERED AGENT MUST SIGN

Date 12/12/00

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	Douglas Briceno	2500 Weston Rd., #105	Weston, Florida 33327
MEM	Jesus Machado	2500 Weston Rd., #105	Weston, Florida 33327
MEM	Melvin Kosnoff	2500 Weston Rd., #105	Weston, Florida 33327

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 11/14/00 Daytime Phone # (305) 384-6803

Typed or printed name of signing Managing Member/Manager Douglas Briceno

FILED
00 DEC 20 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2000

CR2E041 (9/00)