

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
In: Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

2002 OCT 28 AM 11:07

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # M01000002044
Name and Mailing Address

0007501 01 FP 0.352 **PRSRT T3 0 0615 32792-552799
HOMEYEAH NORTHEAST FLORIDA, LLC
1265 S. SEMORAN BLVD., BLDG. 4, STE 1209
WINTER PARK FL 32792-5527



2. New Mailing Address		4. State/Country of Formation IN	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 09/04/2001	
Principal Place of Business 1265 S. SEMORAN BLVD., BLDG. 4, STE 1209 WINTER PARK FL 32792	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 31-1794693	Applied For Not Applicable
8. Name and Address of Current Registered Agent PENA, JOHN W 1265 S. SEMORAN BLVD., BLDG. 4, STE 1209 WINTER PARK FL 32792		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent		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.	
Name		Signature of Registered Agent <i>John W. Pena</i>	
Street Address (P.O. Box Number is Not Acceptable)		Date <i>10/23/02</i>	
900008639039		REGISTERED AGENT MUST SIGN	
10/28/02--01137--005 **150.00		Date	
City FL Zip Code		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
MGR	PENA, JOHN W	1265 S. SEMORAN BLVD., BLDG. 4, STE 1209	WINTERPARK FL 32792
MGR	BAILEY, JOHN T	8902 OTIS AVE., SUITE 105B	INDIANAPOLIS IN 46218

REINSTATEMENT 2002 *JP*

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 *John W. Pena* Date *10/25/02* Daytime Phone # *407-252-3092*

Typed or printed name of signing Managing Member/Manager John W. Pena

CR2E084 (8/02)