

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 29 PM 5:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. **DOCUMENT #** M01000002044

Name and Mailing Address

0003279 01 AT 0.292 **AUTO T4 0 0615 32792-552799
HOMEYEAH NORTHEAST FLORIDA, LLC
1265 S. SEMORAN BLVD., BLDG. 4, STE 1209
WINTER PARK FL 32792-5527

MJH



10/29 2003

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 4, STE 1209 City, State, Zip	6. FEI Number 31-1794693	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 PENA, JOHN W 1265 S. SEMORAN BLVD., BLDG. 4, STE 1209 WINTER PARK FL 32792	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 100024262021 10/29/03--01075--003 **155.00 City FL Zip Code
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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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/29/03

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
MGR	PENA, JOHN W	1265 S. SEMORAN BLVD., BLDG. 4, STE 1209	WINTER PARK FL 32792
MGR	BAILEY, JOHN T	8802 OTIS AVE., SUITE 105B	INDIANAPOLIS IN 46216

REINSTATEMENT 2003

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

SIGNATURE REQUIRED

Date 10/28/03

Daytime Phone # 407-252-3092

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

CR2E034 (7/03)