

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUN 29 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M02000002147

1. Limited Liability Company's Name

HOME BUYERS REALTY LLC.
(SAME)

2. Principal Office Address - No P.O. Box #

611 SWEETWATER BRANCH LANE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

Zip

32259

Country

US

Zip

32259

Country

US

4. State/Country of Formation

GA

5. Date Organized or Qualified
To Do Business in Florida

8/02

6. FEI Number

TAX ID 223-85-8615

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

JOHN BIELEFELD

Street Address (P.O. Box Number is Not Acceptable)

611 SWEETWATER BRANCH LANE

Suite, Apt. #, Etc.

City

JACKSONVILLE,

State

FL

Zip Code

32259

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

John Bielefeld
REGISTERED AGENT MUST SIGN

Date 6/18/07

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
mgr President	JOHN BIELEFELD	611 SWEETWATER	BRANCH LANE JACKSONVILLE, FL 32259
REINSTATEMENT			
04-07			
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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

John Bielefeld

Date

6/18/07

Daytime Phone #

904
535-8416

Typed or printed name of signing Managing Member/Manager

JOHN BIELEFELD