

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

11 FEB 10 PM 1:48

DOCUMENT # *M 94000000031*

1. Limited Liability Company's Name

*Home Design International, L.C.*

400198663154  
02/09/11--01003--012 \*\*516.25  
CR2E041 (1/11)

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

*2470 Del Lago Drive*

Suite, Apt. #, etc.

3. Mailing Office Address

*2470 Del Lago Drive*

Suite, Apt. #, etc.

4. State/Country of Formation

*Texas*

5. Date Organized or Qualified  
To Do Business in Florida

City & State

*Fort Lauderdale, FL*

City & State

*Fort Lauderdale, FL*

Zip

*33316*

Country

*USA*

Zip

*33316*

Country

*USA*

6. FEI Number

*65-0471500*

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

*GLuhovskoi, Alexander*

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

*2470 Del Lago Dr*

Suite, Apt. #, Etc.

City

*Fort Lauderdale*

State

*FL*

Zip Code

*33316*

E-mail Address:

*GLuhovskaya@yahoo.com*  
(To be used for future annual report notices)

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

*02/03/2011*

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
<i>MNG</i>	<i>Alexander GLuhovskoi</i>	<i>2470 Del Lago Dr</i>	<i>Ft Lauderdale, FL 33316</i>
<i>MNG</i>	<i>Julia GLuhovskaya</i>	<i>2470 Del Lago Dr</i>	<i>Ft Lauderdale, FL 33316</i>
<i>MNG</i>			

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 608.408, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing  
Member/Manager

Date

*02/03/11*

Daytime Phone #

*(954) 663-1020*

Typed or printed name of signing Managing Member/Manager

REINSTATEMENT *2009-2011*

Hampton FEB 11 2011



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

11 FEB 10 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

February 9, 2011

HOME DESIGN INTERNATIONAL, L.C.  
2470 DEL LAGO DR  
FT LAUDERDALE, FL 33316

SUBJECT: HOME DESIGN INTERNATIONAL, L.C.  
Ref. Number: M94000000031

We have received your document for HOME DESIGN INTERNATIONAL, L.C. and your check(s) totaling \$516.25. However, the document has not been filed and is being retained in this office for the following:

The name of the above referenced limited liability company is no longer available. Please file an amendment changing the name of this entity. The fee to file an amendment is \$25.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together along with the applicable fees for processing.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 611A00003434