

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

00 DEC 13 AM 10:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # M98000000459**

1. Limited Liability Company's Name  
**NUHOME DESIGNS, L.L.C.**

2. Principal Office Address  
**10707 Clay Road**

Suite, Apt. #, etc.

City & State  
**Houston, TX**

Zip  
**77041**

Country  
**USA**

3. Mailing Office Address  
**P.O. Box 2863**

Suite, Apt. #, etc.

City & State  
**Houston, TX**

Zip  
**7725202863**

Country  
**USA**

4. State/Country of Formation  
**TEXAS**

5. Date Organized or Qualified  
To Do Business in Florida **05/08/98**

6. FEI Number  
**76-0569460**

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

**C T Corporation System**

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

**1200 South Pine Island Road**

Suite, Apt. #, Etc.

City

**Plantation**

State

**FL**

Zip Code

**33324**

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

*Victor Alfano*

**VICTOR ALFANO  
ASSISTANT SECRETARY**

Date

**10/30/00**

**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
MGR	Michael T. Richardson	13111 N. Central Expwy. #200	Dallas, TX 75243

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

*Michael T. Richardson*

Date

**10/26/00**

Daytime Phone #

**713-877-2425**

Typed or printed name of signing Managing Member/Manager **Michael T. Richardson**