

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY**



FLORIDA REINSTATEMENT
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

UNIFORM BUSINESS

REPORT FOR 2000 and 2001

FILED

01 JAN 26 PM 5:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M99000002026**

1. Limited Liability Company's Name

**Smart House Authorized Home Center -
Orlando North, LLC**

2. Principal Office Address

1270 Tropic Pk Dr

Suite, Apt. #, etc.

3. Mailing Office Address

1270 Tropic Pk Dr

Suite, Apt. #, etc.

City & State

SANFORD, FL

City & State

SANFORD, FL

Zip

32773

Country

USA

Zip

32773

Country

USA

4. State/Country of Formation

North Carolina/USA

5. Date Organized or Qualified
To Do Business in Florida

3 Sept 1999

6. FEI Number

56-2154369

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

William Leaton

600003617216-5

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

1270 Tropic Pk Dr

-01731701-01028-003

******100.00 ****100.00**

Suite, Apt. #, Etc.

City

SANFORD

State
FL

Zip Code

32773

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 **23 JANUARY 2001**

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

President William Leaton

775 Bear Creek Cir.

Winter Springs, FL 32708

AR - 100.W

**THIS IS THE UNIFORM BUSINESS REPORT
FOR 2000 and 2001**

**mk
1/24**

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

Date **23 JAN 2001**

Daytime Phone # **407-322-8663**

Typed or printed name of signing Managing Member/Manager **William Leaton**

CR2E041 (9/99)



1200 Tropic Park Dr
Safford, FL 32373

Tel: 407-322-8663
Fax: 407-322-8693

M99000002026

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 23, 2001

Mr. Buck Kohr
Corporate Specialist
P.O. Box 6327
Tallahassee, FL 32314

Dear Mr. Kohr:

Enclosed is a check for \$100 that is to be applied for our the URB fee that will cover the appropriate fees for last year and this year. As I explained on the telephone, we never received the renewal notice for the year 2000. The office that all the documents were to have been sent has relocated. In order to avoid future problems, please send any correspondence directly this address.

During the course of filing out the Uniform Business Report for 2000 and 2001, I wrote your document number (M99000002026). I do not know if this is the correct document or should I have used the document number assigned in our original application (L99000005559). If were to have used the original document number, I would appreciate if you could adjust it on the Uniform Business Report enclose.

If you have any questions, please do not hesitate to call me.

Sincerely,

William Leaton
President