PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2023 JUN 15 P 2:40

700410654347
06/15/23--01020--001 **571.25

DOCUMENT # L20000071005

1. Limited Liability Company's Name
HOMES"R"US LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
5903 Bimini Way N	5903 Bimini Way N
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St Pete Beach, FL	City & State: St Pete Beach, FL
Zip: 33706 Country: USA	Zip: 33706 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 03/03/2020

6. FEI Number: ☐ 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: UNITED STATES CORPORATION AGENTS, INC.

Street Address (P.O. Box Number is Not Acceptable) Suite:
476 RIVERSIDE AVE.

Apt. #, Etc.

City: JACKSONVILLE State: FL Zip Code: 32202

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Cheyenne Moseley, Asst Sec OBO USCA Date: 05/26/2023

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AMBR	FELSKE, ANTHONY	5903 Bimini Way N	St Pete Beach, FL 33706
	REINSTATEMENT		
		R. HUNT 06/15/23	

11. E-mail Address: anthonyfelske@gmail.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member: Anthony Felske Date: 5-30-23 Daytime Phone #: (727) 297-0106

Typed or printed name of signing authorized representative/member: Anthony Felske