

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN 23 PM 1:57

DOCUMENT # **L05000004596**

1. Limited Liability Company's Name

ALVAREZ HOME REMODELING, LLC

700129917777
05/21/08--01004--002 **243.75

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 4390 34 AVE N		3. Mailing Office Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ST PETERSBURG		City & State SAME	
Zip 33713	Country USA	Zip SAME	Country SAME

4. State/Country of Formation FL	
5. Date Organized or Qualified To Do Business in Florida 12/2004	
6. FEI Number 20-2141317	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
ORLANDO C ALVAREZ

Street Address (P.O. Box Number is Not Acceptable)
4390 34th Ave North

Suite, Apt. #, Etc.
St. Petersburg FL 33713

City
ST PETERSBURG

State
FL

Zip Code
33713

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 Date **5/11/2008**

REGISTERED AGENT MUST SIGN

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
MEMBER	ORLANDO C ALVAREZ	4390 34th AVE N.	ST PETE, FL 33713.

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 **5/11/2008** Daytime Phone # **727-235-1378**

Typed or printed name of signing Managing Member/Manager **ORLANDO C ALVAREZ**

RO add.