

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

08 NOV 13 PM 2:26

DOCUMENT # LO5000016950

1. Limited Liability Company's Name

R.E. LIABLE HANDYMAN LLC

CR2E041 (10/08)

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

3439 SE 28th CT.
OCALA, FL 34471

3. Mailing Office Address

3439 SE 28th CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCALA Florida

City & State

OCALA FL

Zip

34471

Country

MARION

Zip

34471

Country

MARION

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

11/15/05

6. FEI Number

202465030

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

RODGER E. HANLON

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

3439 SE 28th CT.

Suite, Apt. #, Etc.

City

OCALA

State

FL

Zip Code

34471

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

Rodger E. Hanlon

REGISTERED AGENT MUST SIGN

Date 11/6/08

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
<u>MGRM</u>	<u>RODGER E. HANLON</u>	<u>3439 SE 28th CT.</u>	<u>OCALA, FL 34471</u>
			<u>600137836466</u> <u>11/12/08--01004--020 **227.50</u>
			<u>400137836484</u> <u>11/12/08--01004--021 **50.00</u>

REINSTATEMENT 07-08

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

Rodger E. Hanlon

Date 11/6/08

Daytime Phone # 352-622-2718

Typed or printed name of signing Managing Member/Manager