

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**

01 NOV -2 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

**L-129030**

**1. Limited Liability Company's Name**

**Home-Pro USA, LLC**

**2. Principal Office Address**

**5505 Johns Rd**

Suite, Apt. #, etc.

**Suite 702**

City & State

**Tampa FL**

Zip

**33634**

Country

**USA**

**3. Mailing Office Address**

**5505 Johns Rd**

Suite, Apt. #, etc.

**Suite 702**

City & State

**TAMPA FL**

Zip

**33634**

Country

**USA**

**REINSTATEMENT 2001**

**4. State/Country of Formation**

**USA/FLORIDA**

**5. Date Organized or Qualified  
To Do Business in Florida**

**10/23/2000**

**6. FEI Number**

**59-367-8062**

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

**ROBERT J. Bheud**

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

**3074 Landmark Blvd**

Suite, Apt. #, Etc.

**Unit 1501**

City

**Palm Harbor FL**

State  
**FL**

Zip Code

**34684**

**188884686111-7**

**-11/16/01--01094--023**

**\*\*\*\*155.00 \*\*\*\*155.00**

**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 **10/31/01**

**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
Pres. <sup>MGR</sup>	<b>Randy Angelucci</b>	<b>3924 MIMOSA PL</b>	<b>Palm Harbor FL 34685</b>
CEO <sup>MGR</sup>	<b>Robert J Bheud</b>	<b>3074 Landmark Blvd #1501</b>	<b>Palm Harbor FL 34684</b>

**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 included 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 **10-15-01**

Daytime Phone # **813-884-6292**

Typed or printed name of signing Managing Member/Manager

**Robert J. Bheud**

CR2E041 (9/01)