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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L00000014152

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 FEB 24 AM 9:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L00000014152

Name and Mailing Address

400009715864
12/27/02--01047--004 **150.00

0005617 01 FP 0.352 **PRSRT T7 0 0615 34119-462099

BARB'S HOMETENDERS, LLC
199 MONTERREY DR
NAPLES FL 34119-4620

MJH

2/24-2002-2003

2. New Mailing Address
10601 COPPERLAKE DR
City, State, Zip
BONITA SPRINGS FL 34135

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida
11/16/2000

Principal Place of Business
199 MONTERREY DR
NAPLES FL 34119

3. New Principal Place of Business Address
10601 COPPERLAKE DR
City, State, Zip 34135
BONITA SPRINGS FL

6. FEI Number 59-3687271 ☐ Applied For
APPLIED FOR ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ **$5.00 Additional Fee required for a Certificate of Status**

CR2E084 (8/02)

8. Name and Address of Current Registered Agent

LOTTES, KEVIN R ESQ
C/O PORTER WRIGHT MORRIS & ARTHUR LLP
5801 PELICAN BAY BLVD SUITE 300
NAPLES FL 34108-2709

9. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

10. 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 Kevin R. Lottes Date 2/27/03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	FRITZCHE, BARBARA A	199 MONTERREY DRIVE	NAPLESFL 34119

400009715864
02/24/03--01082--003 **50.00

12. 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 Barbara A. Fritzsche Date 10/25/02 Daytime Phone # 239-495-1951

Typed or printed name of signing Managing Member/Manager