

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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 DEC 18 AM 10:18

DOCUMENT # **L00006014235**

1. Limited Liability Company's Name

**A - ADVANCED HOME SERVICES**

9/28/01

2. Principal Office Address

**5268 Sunnydale Circle**

Suite, Apt. #, etc.

3. Mailing Office Address

**SAME**

Suite, Apt. #, etc.

City & State

**SARASOTA FL**

City & State

**SARASOTA**

Zip

**34233**

Country

**SARASOTA**

Zip

Country

4. State/Country of Formation

**SARASOTA**

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

**NONE**

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$500 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

**Steve Ivan**

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

**5268 Sunnydale Circle**

Suite, Apt. #, Etc.

700004734287-1

-12/20/01--01044--017

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

City

**SARASOTA**

State

**FL**

Zip Code

**34233**

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

**Steve Ivan**

REGISTERED AGENT MUST SIGN

Date **10**

**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

**mgrm Stephen M. Ivan 5268 Sunnydale Cir 34233 SARASOTA FL 34233**

**mgrm Patricia Ivan 5268 Sunnydale Circle SARASOTA FL 34233**

**Rm 100**

**UBR 50**

**CUS 5**  
**155 nc**

**REINSTATEMENT 2001**

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

**Steve Ivan**

**12/10/01**

Daytime Phone #

**941/6552948**

Typed or printed name of signing Managing Member/Manager

**Stephen M. Ivan**

CP2E041 (9/01)