

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L01000001393

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

1393

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 FEB 13 PM 2:09
LR 02/24/04

DOCUMENT # L01000001393

1. Limited Liability Company's Name
Executive Home Services, LLC

REINSTATEMENT 2002-2004

2. Principal Office Address
1235 Cordova Road

3. Mailing Office Address
PO BOX 460355

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale, FL

Zip Country
33316 USA

Zip Country
33346 USA

4. State/Country of Formation
FL USA

5. Date Organized or Qualified To Do Business in Florida
Jun. 2001

6. FEI Number
105-1072014

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
Lizette Barreto

Street Address (P.O. Box Number is Not Acceptable)
1235 Cordova Road

Suite, Apt. #, Etc.

City
Fort Lauderdale

State
FL

Zip Code
33316

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
Lizette Barreto

REGISTERED AGENT MUST SIGN

Date
2/9/04

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
CEO	<i>Lizette Barreto</i>	<i>1235 Cordova Rd</i>	<i>Ft. Laud, FL 33316</i>
CEO	<i>Jose Barreto</i>	<i>1235 Cordova Rd</i>	<i>Ft. Laud, FL 33316</i>

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
Lizette Barreto

Date
2/9/04

Daytime Phone#
(954) 527-0011

Typed or printed name of signing Managing Member/Manager
Lizette Barreto