

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

2003 NOV 20 AM 9:34

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000020913

Name and Mailing Address

0008417 01 AT 0.292 \*\*AUTO T1 0 0615 33312-463907

RELIABLE RESIDENTIAL REMODELERS, LLC  
2507 TORTUGAS LANE  
FORT LAUDERDALE FL 33312-4639



US

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/04/2001	
Principal Place of Business 2507 TORTUGAS LANE FORT LAUDERDALE FL 33312 US	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 01-0563003	Applied For Not Applicable
8. Name and Address of Current Registered Agent COHEN, JEFFREY I 2507 TORTUGAS LANE FORT LAUDERDALE FL 33312		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		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

*Jeffrey I Cohen*  
REGISTERED AGENT MUST SIGN

Date 11/12/03

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	COHEN, JEFFREY I	2507 TORTUGAS LANE	FORT LAUDERDALE FL 33312

500024868715  
11/20/03--01008--015 \*\*\$155.00

**REINSTATEMENT** 2003

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

*Jeffrey I Cohen*  
REGISTERED AGENT MUST SIGN

Date 11/11/03

Daytime Phone# 954-722-9818

Typed or printed name of signing Managing Member/Manager