
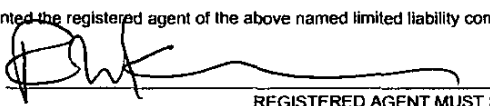
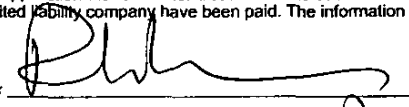


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		<div style="text-align: right;">FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</div> <div style="text-align: right;">05 JUN 20 AM 11:25</div>	
DOCUMENT # L01000022711					
1. Limited Liability Company's Name <div style="font-size: 1.2em; font-family: cursive;">Fine Home Services, LLC</div>					
2. Principal Office Address 4008 Barry Way <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address Same <small>Suite, Apt. #, etc.</small>		4. State/Country of Formation Florida USA	
City & State Sarasota, FL		City & State		5. Date Organized or Qualified To Do Business in Florida 12/28/01	
Zip 34232	Country US	Zip	Country	6. FEI Number 752993826	Applied For <input type="checkbox"/> Not Applicable
				7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent					
Name Roland Kushmore					
Street Address (P.O. Box Number is Not Acceptable) 4008 Barry Way					
Suite, Apt. #, Etc.					
City Sarasota					
State FL Zip Code 34232					
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 				Date 6-17-05	
REGISTERED AGENT MUST SIGN					
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		
MGR	ROLAND KUSHMORE	4008 BARRY WAY	SARASOTA FL 34232		
REINSTATEMENT 03-05					
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 				Date 6-17-05 Daytime Phone # 941-342-0179	
Typed or printed name of signing Managing Member/Manager ROLAND KUSHMORE					

CR2E041 (10/02)