

2004 LIMITED LIABILITY COMPANY REINSTATEMENT *

FILED

04 OCT 22 PM 4:04

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJJH

DOCUMENT # L02000010984 1. Entity Name MICK'S HOME IMPROVEMENT LLC	
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Principal Place of Business 3500 GALT OCEAN DR. #1011 FT. LAUDERDALE, FL 33308	Mailing Address 3500 GALT OCEAN DR. #1011 FT. LAUDERDALE, FL 33308
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

10192004 REIN-LLC CR2E101 (6/04) 10/22

6. Name and Address of Current Registered Agent BEYDOUN, MALEK 3500 GALT OCEAN DR. #1011 FT. LAUDERDALE, FL 33308	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: (NOTE: Registered Agent signature required when reinstating) DATE: 10-19-04

<p>FILE NOW!!! FEE IS \$50.00 After January 1, 2005, Fee will be \$100.00</p>	<p>In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.</p>	<p>Make check payable to Florida Department of State</p>
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9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR <input type="checkbox"/> Delete
NAME	BEYDOUN, MALEK
STREET ADDRESS	3500 GALT OCEAN DR #1011
CITY-ST-ZIP	FT LAUDERDALE, FL 33308
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DATE: 10-19-04 DAYTIME PHONE #: 754-630-2868

REINSTATEMENT 2004

* No Penalties fees

600042108386
10/22/04--01052--008 **\$50.00