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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

ORIGINAL DEPARTMENT OF STATE

OR

GUARANTEED HOME SOLUTIONS, LLC

Secretary of State

DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L02000013374

03 DEC -1 PM 1:01

Name and Mailing Address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0013405 01 AT 0.292 **AUTO T9 0 0615 33509-153535

GUARANTEED HOME SOLUTIONS, LLC

P.O. BOX 1535

BRANDON FL 33509-1535



2. New Mailing Address

11705 Boyette Rd. #175
Riverview, FL 33569

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

06/01/2002

Principal Place of Business

9801 OCASTA ST.
RIVERVIEW FL 33569

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

46-0507269

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

HILL, MICHELLE L
1605 BAYFIELD COURT
TRINITY FL 34655

9. Name and Address of New Registered Agent

Name Michelle L. Hill

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

9801 Ocasta St.

City Riverview

FL

Zip Code

33569

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 AgentMICHELLE L. HILL
REGISTERED AGENT MUST SIGN

Date Oct 28, 2003

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
MEM	Michelle L Hill	11705 Boyette Rd. #175	Riverview, FL 33569

000024255020
10/29/03--01062--005 **150.00

REINSTATEMENT 2003

12/8 mst

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

MICHELLE L. HILL

Date

10/30/01

Daytime Phone #

813-404-6674

Typed or printed name of signing Managing Member/Manager

Michelle L. Hill

CR2E034 (7/03)