H06000163189 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2006 JUN 21 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (8/05)

DOCUMENT # L02000029403

1. Limited Liability Company's Name
ALLSTATE HOME BUILDING INSPECTION LLC

2. Principal Office Address	3. Mailing Office Address
14181 NW 14 DR.	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL.	City & State
Zip: 33167 Country: U.S.A.	Zip Country

4. State/Country of Formation: FLORIDA / U.S.A.

5. Date Organized or Qualified To Do Business in Florida: 11/04/2002

6. FEI Number: 522224261 ☐ 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: ALDWYN CARRINGTON

Street Address (P.O. Box Number Is Not Acceptable): 14181 NW 14 DR.

Suite, Apt. #, Etc.:

City: MIAMI State: FL Zip Code: 33167

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: X Aldwyn Carrington Date: 6/20/06
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	ALDWYN CARRINGTON	14181 NW 14 DRIVE	MIAMI, FL 33167

REINSTATEMENT 6-06

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: Aldwyn Carrington Date: 6/20/06 Daytime Phone#:

Typed or printed name of signing Managing Member/Manager: ALDWYN CARRINGTON

FILED

Florida Department of State

Division of Corporations
Public Access System

2006 JUN 21 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000163189 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

LIMITED LIABILITY REINSTATEMENT

ALLSTATE HOME BUILDING INSPECTION LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$255.00

RECEIVED
06 JUN 21 PM 12:23
DIVISION OF CORPORATION

Electronic Filing Menu Corporate Filing Menu Help