

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY -8 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000033563

1. Limited Liability Company's Name

HomeFirst Inspection Services, LLC

700074088377
05/08/06--01007--022 **255.00
CRZE041 (8/05)

2. Principal Office Address

1093 A1A Beach Blvd.

3. Mailing Office Address

1093 A1A Beach Blvd.

Suite, Apt. #, etc.

PMB 129

Suite, Apt. #, etc.

PMB 129

City & State

St. Augustine

City & State

St. Augustine

Zip

32080

Country

USA

Zip

32080

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

09/05/2003

6. FFL Number

320091573

☒ 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

Shawn B. Rowe

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

1093 A1A Beach Blvd.

Suite, Apt. #, Etc.

PMB 129

City

ST. AUGUSTINE

State

FL

Zip Code

32080

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

5/1/2006

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
Manager	Shawn B. Rowe	492 Ocean Forest Drive	St. Augustine / FL / 32080

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

5/1/06

Daytime Phone# 904/806-6310

Typed or printed name of signing Managing Member/Manager Shawn B. Rowe