

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 OCT 21 AM 10:21

**DOCUMENT # L03000045221**

1. Limited Liability Company's Name

Mike Lucci's Home Repair

100060852931

10/21/05--01026--008 \*\*205.00

CR2E041 (8/05)

2. Principal Office Address

6018 35th ave w.

Suite, Apt. #, etc.

City & State

Bradenton Fl.

Zip  
34209

Country  
USA

3. Mailing Office Address

6018 35th ave w.

Suite, Apt. #, etc.

City & State

Bradenton Fl.

Zip  
34209

Country  
USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified  
To Do Business in Florida

11/18/2003

6. FEI Number

800074756

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

Mike Lucci

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

6018 35th ave w.

Suite, Apt. #, Etc.

City

Bradenton Fl.

State

FL

Zip Code

34209

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

*Mike Lucci*

Date

10-20-05

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
MEM	MIKE LUCCI	6018 35 AVE W.	BRADENTON FL 34209

REINSTATEMENT 04-05

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

*Mike Lucci*

Date

10-20-05

Daytime Phone #

941-228-5261

Typed or printed name of signing Managing Member/Manager