

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 OCT 24 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (8/05)

DOCUMENT # 603000047295

1. Limited Liability Company's Name

KEITH VARIAN HOME IMPROVEMENT LLC

2. Principal Office Address

1447 STONE RD #74
Suite, Apt. #, etc.

3. Mailing Office Address

SAME
Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

City & State

TALLAHASSEE, FL

Zip

32303

Country

USA

Zip

32303

Country

USA

4. State/Country of Formation

FLORIDA UNITED STATES

5. Date Organized or Qualified
To Do Business in Florida

11/24/2003

6. FEI Number

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

KEITH VARIAN

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

1447 STONE RD

Suite, Apt. #, Etc.

#74

City

TALLAHASSEE

State
FL

Zip Code

32303

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

Keith Varian

Date

10/24/05

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	KEITH VARIAN	1447 STONE RD #74	TALLAHASSEE, FL, 32303

REINSTATEMENT

2004 -
2005

900060922759
10/25/05--01058--001 **100.00

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

Keith Varian

Date

10/24/05

Daytime Phone #

(850) 212 6002

Typed or printed name of signing Managing Member/Manager

KEITH VARIAN

10/24/05

2 of 2

I, KEITH VARIAN, OF KEITH VARIAN HOME IMPROVEMENT
DID NOT RECEIVE NOTICE FROM THE DEPARTMENT OF STATE
FOR 2004 AND 2005 FOR MY LLC DOC# L03000047295
KEITH VARIAN HOME IMPROVEMENT AND ASK TO HAVE MY
REIN STATEMENT FEE WAIVED.

Keith Varian
Keith Varian Home Improvement

FILED

05 OCT 24, AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA