

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000047934 1. Entity Name CASALE'S HOME MAINTENANCE, LLC					
Principal Place of Business 1135 MAGNOLIA AV DAYTONA BEACH, FL 32114			Mailing Address 1135 MAGNOLIA AV DAYTONA BEACH, FL 32114		
2. Principal Place of Business - No P.O. Box # 1135 magnolia Av.			3. Mailing Address SAME		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Daytona Bch. FL.			City & State		
Zip 32114			Zip 32114		
Country USA			Country USA		
4. FEI Number 56-2363183			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☒			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent CASALE, FRANK 1135 MAGNOLIA AV DAYTONA BEACH, FL 32114			7. Name and Address of New Registered Agent Name FRANK L. CASALE Street Address (P.O. Box Number is Not Acceptable) 1135 MAGNOLIA AV. City Daytona Bch. FL Zip Code 32114		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Frank Casale</i></u> DATE <u>5/15/07</u> Signature, typed or printed name of registered agent and sign-off application. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CASALE, FRANK 1135 MAGNOLIA AV DAYTONA BEACH, FL 32114	☐ Delete			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			300103917503 06/05/07--01046--013 **105.00 REINSTATEMENT 06-07 AE		
SIGNATURE: <u><i>Frank Casale</i></u> DATE <u>5/15/07</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Delo Daytime Phone #		