

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

06 MAY 26 AM 9:52

DOCUMENT #

L03000055959

1. Limited Liability Company's Name

M + M Home Repairs LLC

2. Principal Office Address

6202 Timmons RD

Suite, Apt. #, etc.

City & State

Seffner FL

Zip

33584

Country

U.S.A.

3. Mailing Office Address

P.O. Box 1026

Suite, Apt. #, etc.

City & State

MANGO FL

Zip

33550

Country

U.S.A.

CR2E041 (8/05)

4. State/Country of Formation

FLORIDA USA

**5. Date Organized or Qualified
To Do Business in Florida**

12/24/2003

6. FEI Number

20-0606878

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

LYNN GORDON

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

6202 TIMMONS RD

Suite, Apt. #, Etc.

City

Seffner

State

FL

Zip Code

33584

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

Lynn Gordon
REGISTERED AGENT MUST SIGN

Date

5/25/06

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
owner MSK	LYNN G. Gordon	6202 TIMMONS RD SEFFNER FL	Seffner FL 33584

REINSTATEMENT 05-06

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

Lynn Gordon

Date

5/25/06

Daytime Phone #

813.326.3525

Typed or printed name of signing Managing Member/Manager

LYNN G. GORDON