

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2005 JAN 14 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000001513

1. Limited Liability Company's Name

Steven F. Choiniere Home Repair

2. Principal Office Address

2922 Washington St East

Suite, Apt. #, etc.

Apt B

City & State

Orlando, FL

Zip

32803

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida / Orange

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

12/31/03

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

Steven F. Choiniere

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

2922 Washington Street East

Suite, Apt. #, Etc.

Apt B

City

Orlando

State

FL

Zip Code

32803

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

Steven F. Choiniere

Date

1/10/05

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
MGRN	STEVEN F. CHOINIERE	2922 WASHINGTON ST. E. Apt. B	ORLANDO, FL 32803

REINSTATEMENT 04

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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

Steven F. Choiniere

Date

1/10/05

Daytime Phone #

407-256-6257

Typed or printed name of signing Managing Member/Manager

Steven F. Choiniere

CR2041 (10/02)