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Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

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DIVISION OF CORPORATIONS

LIMITED LIABILITY REINSTATEMENT

TOM JONES HOME REPAIRS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	~~$300.00~~ $ 150.00

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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CR2E041 (1/07)

DOCUMENT # ~~P03000125531~~ L04000003007

1. Limited Liability Company's Name

Tom Jones Home Repairs, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2377 NE Center Circle	2377 NE Center Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Jenson Beach FL	Jenson Beach FL
Zip 34957 Country USA	Zip 34957 Country USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business In Florida: 11/04/2003

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: CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET

Suite, Apt. #, Etc.:

City: TALLAHASSEE State: FL Zip Code: 32301

☑ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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: Lisa Hughes Lisa Hughes,Asst.Secretary Date: August 09, 2007

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
Director	THOMAS GEORGE JONES	2377 NE Center Circle	Jenson Beach FL 34957

REINSTATEMENT 2005-07

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: [signature] Date: 8/9/2007 Daytime Phone #: 561.691.8107

Typed or printed name of signing Managing Member/Manager: Thomas George Jones, Director, by C. DeMaio, attorney-in-fact