

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 APR 25 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
02/12/08--01013--022 **238.75

CR2E041 (12/07)

DOCUMENT # L04000004316

1. Limited Liability Company's Name
S.W. FL. HOME INSPECTIONS & PROPERTY MAINTENANCE, LLC.

2. Principal Office Address - No P.O. Box # 527 S.E. VAN LOON TER.		3. Mailing Office Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State CAPE CORAL, FL.		City & State SAME	
Zip 33990	Country LEE	Zip 33990	Country LEE

4. State/Country of Formation FLORIDA, U.S.A.	
5. Date Organized or Qualified To Do Business in Florida JAN. 16, 2004	
6. FEI Number 80-0097962	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name: ANTONIO E. MALDONADO

Street Address (P.O. Box Number is Not Acceptable): 1823 SW 30TH ST

Suite, Apt. #, Etc.

City: CAPE CORAL, FL. State: FL Zip Code: 33914

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: A. Maldonado Date: FEB. 4, 2008

REGISTERED AGENT MUST SIGN

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	ANTONIO E. MALDONADO	527 SE VAN LOON TERR	CAPE CORAL, FL. 33990
			300117826193 04/28/08--01001--012 **321.25
REINSTATEMENT 2005-2008			

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: A. Maldonado Date: FEB. 4, 2008 Daytime Phone # 239-878-4553

Typed or printed name of signing Managing Member/Manager



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 21, 2008

S.W. FL HOME INSPECTION & PROPERTY MAINTENANCE LLC
527 S.E. VANLOON TER.
CAPE CORAL, FL 33990 US

SUBJECT: S.W. FL HOME INSPECTION & PROPERTY MAINTENANCE LLC
Ref. Number: L04000004316

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We have received your document for S.W. FL HOME INSPECTION & PROPERTY MAINTENANCE LLC and your check(s) totaling \$238.75. However, the document has not been filed and is being retained in this office for the following:

The total amount due to reinstate is \$560.00.

There is a balance due of \$321.25.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 308A00011086