

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L04000007808

1. Limited Liability Company's Name

JOSEPH SOUS HANDYMAN SERVICE L.L.C.

2. Principal Office Address - No P.O. Box #

129 Cricket Lane

Suite, Apt. #, etc.

City & State

Quincy,

Zip

32351

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

8. Name and Address of Current Registered Agent

Name

JOSEPH SOUS

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

129 Cricket Lane

Suite, Apt. #, Etc.

City

Quincy

State

FL

Zip Code

32351

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

01/29/2004

6. FEI Number

05-0565119

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

E-mail Address:

(To be used for future annual report notices)

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

*Joseph Sous*

Date

3/18/11

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
Mgrm	Joseph Sous	129 Cricket Lane	Quincy, FL 32351

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of Managing  
Member/Manager

*Joseph Sous*

Date

3/18/11

Daytime Phone #

888 545 4306

Typed or printed name of signing Managing Member/Manager