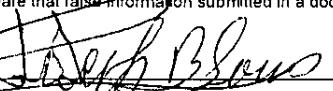


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>																									
<b>DOCUMENT # L04000007808</b>																											
1. Limited Liability Company's Name <b>JOSEPH SOUS HANDYMAN SERVICE L.L.C.</b>																											
2. Principal Office Address - No P.O. Box # <b>129 Cricket Lane</b>		3. Mailing Office Address  Suite, Apt. #, etc.																									
Suite, Apt. #, etc.  City & State <b>Quincy,</b>		Suite, Apt. #, etc  City & State																									
Zip <b>32351</b>	Country	Zip	Country																								
8. Name and Address of Current Registered Agent Name <b>JOSEPH SOUS</b> Street Address (P.O. Box Number is Not Acceptable) <b>129 Cricket Lane</b> Suite, Apt. #, Etc.																											
City <b>Quincy</b>		State <b>FL</b>	Zip Code <b>32351</b>																								
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  REGISTERED AGENT MUST SIGN																											
Date <u>3/18/11</u>																											
10. Names and Street Addresses of Managing Members/Managers																											
<table border="1"> <thead> <tr> <th>Titles</th> <th>Name of Managing Members/Managers</th> <th>Street Address of Each Managing Member/Manager</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>Mgrm</td> <td><b>Joseph Sous</b></td> <td><b>129 Cricket Lane</b></td> <td><b>Quincy, FL 32351</b></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	Mgrm	<b>Joseph Sous</b>	<b>129 Cricket Lane</b>	<b>Quincy, FL 32351</b>																
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<b>REINSTATEMENT</b> <u>10/11</u>																											
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 		Date <u>3/18/11</u> Daytime Phone # <u>858 545 4306</u>																									
Typed or printed name of signing Managing Member/Manager																											

N. Cullinan MAR 1 2 2011