

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 NOV 16 PM 12:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000110018150  
09/27/07--01037--011 \*\*155.00

CR2E041 (1/07)

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L04000008140

1. Limited Liability Company's Name

Anthony Eugene LC  
New waves sidings  
Handyman Express

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

2741 Azalea Dr

Suite, Apt. #, etc.

City & State

Longwood, FL

Zip

32779

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

FL

Zip

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

Nov. 96

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

Anthony Eugene

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

2741 Azalea Dr

Suite, Apt. #, Etc.

NA

City

Longwood, FL

State

FL

Zip Code

32779

☒ 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

Anthony Eugene

Date Sep 25 07

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
PRES	Anthony Eugene	2741 Azalea Dr	Longwood, FL 32779
	NA		Is

REINSTATEMENT 05.06.07

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

Anthony Eugene

Date

Oct 16 07

Daytime Phone #

407-923-0783

Typed or printed name of signing Managing Member/Manager