

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUN 13 PM 2:49

1. Limited Liability Company's Name

HELPING HAND HANDYMAN, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
6214 WALSH LANE

3. Mailing Office Address
6214 WALSH LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
TAMPA, FL

City & State
TAMPA, FL

Zip
33625

Country
USA

Zip
33625

Country
USA

4 State/Country of Formation
FL/USA

5. Date Organized or Qualified To Do Business in Florida 02/23/2004

6. FEI Number
11-3713556

Applied For	
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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
JOCELYN JUAREZ

Street Address (P.O. Box Number is Not Acceptable)
6214 WALSH LANE

Suite, Apt. #, Etc.

City
TAMPAState
FI

Zip Code
33625

☒ 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

Date 05/30/07

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
MGRM	FRANK L. FONG	6214 WALSH LANE	TAMPA, FL 33625

20010449-0552
06/03/07--01008--C16 ***150.00

~~STATEMENT~~

06-07
RLL

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 M

Date 05/30/04

Daytime Phone# 813 967-4922

Typed or printed name of signing Managing Member/Manager

Forsyth L. Forsyth