


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 MAR -5 AM 9:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L04000025554			
1. Limited Liability Company's Name Brannen Home Improvements LLC 195 BEAR CREEK ROAD EASTPOINT, FL 32328			
2. Principal Office Address - No P.O. Box # 195 BEAR CREEK RD. Suite, Apt. #, etc.		3. Mailing Office Address P.O. Box 676 Suite, Apt. #, etc.	
City & State EASTPOINT, FL		City & State EASTPOINT, FL	
Zip 32328	Country USA	Zip 32328	Country USA
4. State/Country of Formation Florida		5. Date Organized or Qualified To Do Business in Florida 4/1/04	
6. FEI Number 20-0941287		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status			
8. Name and Address of Current Registered Agent Name Charles O Brannen Street Address (P.O. Box Number is Not Acceptable) 195 BEAR CREEK ROAD Suite, Apt. #, Etc. City EASTPOINT State FL Zip Code 32328			
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 <u>Charles O Brannen</u> Date <u>2/28/07</u> 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
MEM	Charles O. Brannen	P.O. Box 676, E	EASTPOINT, FL 32328
			900091557729 03/07/07--01035--005 **150.00
			REINSTATEMENT 05-07
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 <u>Charles O Brannen</u> Date <u>2/28/07</u> Daytime Phone # <u>850-670-4138</u> Typed or printed name of signing Managing Member/Manager <u>Charles O. Brannen</u>			