

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

15 MAR 20 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L04000626100**

1. Limited Liability Company's Name

HOME RESTORATIONS SYSTEMS, LLC

000270880610

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 4006 Desoto Blvd.		3. Mailing Office Address 4006 Desoto Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Palm Harbor, FL		City & State Palm Harbor, FL	
Zip 34683	Country United States	Zip 34683	Country United States

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida
04/07/2004

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 Corporation Service Company		
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street		
Suite, Apt. #, Etc.		
City Tallahassee	State FL	Zip Code 32301

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Courtney Williams

Courtney Williams

REGISTERED AGENT **Asst. Vice President**

Date **03.20.15**

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AMBR	Mark Coulter	4006 Desoto Blvd.	Palm Harbor, FL 34683
REINSTATEMENT 2010-2015			

11. E-mail Address:

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Mark Coulter

Date

3-16-15

Daytime Phone #

727-420-3927

Mark Coulter Member

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 489378 7428069

AUTHORIZATION :

COST LIMIT : \$ 932.50

ORDER DATE : February 4, 2015

ORDER TIME : 1:41 PM

ORDER NO. : 489378-010

CUSTOMER NO: 7428069

DOMESTIC FILINGS

NAME: HOME RESTORATIONS SYSTEMS, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935

EXAMINER'S INITIALS _____

RECEIVED
DEPARTMENT OF STATE
15 MAR 20 PM 4:54