2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000032625

1. Entity Name
HOME CONCEPTS LLC

FILED
10 OCT -5 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1708 BELLVEDERE ST.
TALLAHASSEE, FL 32308

Mailing Address
1708 BELLVEDERE ST.
TALLAHASSEE, FL 32308

10052010 REIN-LLC CR2E101 (1/07)

2. Principal Place of Business - No P.O. Box #: 3060 W. Tharpe St.
Suite, Apt. #, etc.: C
City & State: Tallahassee FL.
Zip: 32304 Country: Leon

3. Mailing Address: 1124 Braffordton Dr.
Suite, Apt. #, etc.
City & State: Tallahassee FL.
Zip: 32311 Country: Leon

4. FEI Number: 01-0812632 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MANGANELLO, SAL D
1708 BELLVEDERE ST.
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1124 Braffordton Dr.
City: Tallahassee FL Zip Code: 32311

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Sal D Manganello — Date: 10/5/10
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $238.75
After January 1, 2011, Fee will be $377.50

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MANGANELLO, SAL D 2049 BELLEVUE WAY TALLAHASSEE, FL 32304	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1124 Braffordton Dr. Tallahassee FL. 32311
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400186304554 10/05/10--01025--017 **238.75
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Sal D Manganello — Date: 10/5/10 — Daytime Phone #: 850-766-4092
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE