2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L0400040345 1. Entity Name HOME HELP TECH, LLC							SECRETARY OF STATE DIVISION OF CORPORATIONS 06 DEC -1 AH 8: 35					
Principal Place 3101 NE 8 T POMPANO BI	ERRACE		Mailing Address 31 01 NE 8 TERRAC E POMPANO BEACH, FL 33064									
2. Principal P 6200 Suite, Apt.	· SW _	16th STREET	3. Mailing Address 6200 SW 16 th STREET Suite, Apt. #, etc.				11282006	REIN-LLC		01 (11/05)		
City & State POMPANO BEACH FL			City & State POMPANOBEACH, FL			-1.	4. FEI Numb 20-117			_	plied For t Applicable	
Zip 33068	·		Zip Coun		try	5. Certificate of Status Des			Fee Required			
	Registered Agent		Name		7. Name and	d Address of New	Registered A	gent				
SILVERIO, 6200 SW 1 POMPANO	6TH STR	EET	Street Address			ddress (f	(P.O. Box Number is Not Acceptable)					
				City	FL Zip Code							
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 Signature, typed or printed name of registered agent and title it applicable. (NOTE; Registered Agent signature required when reinstating) DATE												
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$200.00								i .	ike check p da Departm	- ·	•	
9.	MCD	MANAGING MEMBER		10.				ADDITIONS	S/CHANGES	=1::		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Delete TITL WHITE, CLAYTON R 3101 NE 8 TERRAGE POMPANO BEACH, FL 33064					MGR WHITE CLAYTON R. 1533 SE 4th Count DEERFIELD BEACH FL 33441						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Delete TITI SILVERIO, ROGER J 6200 SW 16TH STREET POMPANO BEACH, FL 33068 CIT											
TITLE NAME STREET ADDRESS CITY-ST-ZIP	:		☐ Delete							☐ Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete					***		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	☐ Addition	
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: Jose Supering Managing Member, Manager, or authorized representative //29/06 559-394-19% Dayling Phone #												