

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L 04000048809

1. Limited Liability Company's Name

Sherlock Homes Inspection LLC

2. Principal Office Address - No P.O. Box #

491 Blackwood Ave

Suite, Apt. #, etc.

City & State

Longwood, FL

Zip

32750

Country

USA

3. Mailing Office Address

491 Blackwood Ave

Suite, Apt. #, etc.

City & State

Longwood, FL

Zip

32750

Country

USA

4. State/Country of Formation

Florida / United States of America

**5. Date Organized or Qualified
To Do Business in Florida**

9/2005

6. FEI Number

77-0688341

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

Beth E. Fishel

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

491 Blackwood Ave

Suite, Apt. #, Etc.

City

Longwood

State

FL

Zip Code

32750

☒ 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

Beth E. Fishel

Date

June 7, 2007

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	Beth E. Fishel	491 Blackwood Ave	Longwood, FL 32750
mgrm	David W. Fishel	491 Blackwood Ave	Longwood, FL 32750

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

Beth E. Fishel

Date 6-7-07

Daytime Phone #

407-557-6222

Typed or printed name of signing Managing Member/Manager

Beth E. Fishel