

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 DEC 29 AM 10:10

**DOCUMENT # L04000053325**

1. Limited Liability Company's Name

Superior One The Home Repair Specialist.LLC

CR2E041 (10/08)

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

4664 Javeline St

Suite, Apt. #, etc.

City & State

Middleburg

Zip

32068

Country

Clay

3. Mailing Office Address

4664 Javeline St

Suite, Apt. #, etc.

City & State

Middleburg

Zip

32068

Country

Clay

4. State/Country of Formation

FL Clay

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

270139312

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

Frank J Repovich Sr

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

4664 Javeline St

Suite, Apt. #, Etc.

City

Middleburg

State

FL

Zip Code

32068

☒ 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

*Frank J Repovich Sr*  
REGISTERED AGENT MUST SIGN

Date 10/07/2009

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
Owner	Frank J Repovich Sr	4664 Javeline St	Middleburg FL 32068

400163249294  
12/02/09--01003--008 \*\*243.75

REINSTATEMENT 2008, 2009

400163249294  
12/30/09--01015--003 \*\*138.00

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

*Frank J Repovich Sr*

Date 10/07/2009

Daytime Phone # 904-993-4878

Typed or printed name of signing Managing Member/Manager Frank J Repovich Sr



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

09 DEC 29 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

December 3, 2009

SUPERIOR ONE THE HOME REPAIR SPECIALIST, LLC  
4664 JAVELINE ST  
MIDDLEBURG, FL 32068

SUBJECT: SUPERIOR ONE THE HOME REPAIR SPECIALIST, LLC  
Ref. Number: L04000053325

We have received your document for SUPERIOR ONE THE HOME REPAIR SPECIALIST, LLC and check(s) totaling \$243.75. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$138.75. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II

Letter Number: 109A00037041