

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # LO4000064115

1. Limited Liability Company's Name

JEF. Remodeling, LLC

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

838 N. Summerlin Ave

Suite, Apt. #, etc.

3. Mailing Office Address

838 N. Summerlin Avenue

Suite, Apt. #, etc.

City & State

Orlando Florida

City & State

Orlando Florida

Zip

32803

Country

U.S.A.

Zip

32803

Country

U.S.A.

8. Name and Address of Current Registered Agent

Name

Jose E. Flores

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

838 N. Summerlin Ave

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32803

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

Jose E. Flores
REGISTERED AGENT MUST SIGN

Date

Feb 4-08

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
<u>MG/PM</u>	<u>Jose E. Flores</u>	<u>838 N. Summerlin Avenue</u>	<u>Orlando Fl. 32803</u>

REINSTATEMENT 06-08

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

Jose E. Flores

Date

Feb 4-08

Daytime Phone #

407 310 3042

Typed or printed name of signing Managing Member/Manager

Jose E. Flores

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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