

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

06 SEP 14 AM 9:11

DOCUMENT # L04000074433

1. Limited Liability Company's Name

A Homeowner Helper

2. Principal Office Address

4115 Chickasaw St.

Suite, Apt. #, etc.

3. Mailing Office Address

4115 Chickasaw St.

Suite, Apt. #, etc.

City & State

Panama City, FL

City & State

Panama City, FL

Zip

32408

Country

USA

Zip

32408

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

10-14-04

6. FEI Number

33-1144267

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

David Brown

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

4115 Chickasaw St.

Suite, Apt. #, Etc.

City

Panama City

State

FL

Zip Code

32408

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

David Brown

Date 09-19-06

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
MGR	David Brown	4115 Chickasaw St.	Panama City, FL 32408

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

David H. Brown

Date 09-19-06

Daytime Phone # 850- 596-2242

Typed or printed name of signing Managing Member/Manager

David Brown

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09/20/06--01055--005 **200.00
REINSTATEMENT 05-06