## 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

## SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT #L04000083619** 1. Entity Name 06 MAR 17 AM 10: 07 GORDON'S HOME IMPROVEMENT, LLC Principal Place of Business Mailing Address 4331 LAKE BUFFUM RD. LOT 36 4331 LAKE BUFFUM RD. LOT 36 LAKE WALES, FL 33853 LAKE WALES, FL 33853 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 02222006 CR2E101 (11/05) **REIN-LLC** Applied For City & State City & State 4. FEI Number Not Applicable Country Zip Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BUNDY, GORDON L odress (P.O. Box Number is Not Acceptable) 4331 LAKE BUFFUM RD. LOT 36 LAKE WALES, FL 33853 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 **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) Make check payable to cordance with s. 607.193(2)(b), F.S., the limited NOW!!! FEE IS \$100.00 liability company did not receive the prior notice. Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition BUNDY, GORDON L NAME NAME 200069537212 04/05/06--01034--010 \*\*105.00 STREET ADDRESS 4331 LAKE BUFFUM RD. LOT 36 STREET ADDRESS CITY-ST-ZIP LAKE WALES, FL 33853 CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Defete ☐ Addition NAME NAME RENSTATEMENT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F TIT1 F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.