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
07 JAN 26 AM 9:27

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01/31/07--01050--013 **150.00

CR2E041 (1/07)

DOCUMENT # L04000083980

1. Limited Liability Company's Name

LEMMON'S HOME INTERIORS, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
112 ARRICOLA Ave	SAME
Suite, Apt. #, etc. A	Suite, Apt. #, etc.
City & State ST. AUGUSTINE FL.	City & State Florida
Zip / Country 32080 / USA	Zip / Country ST JOHNS

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 11/04/04

6. FEI Number: 760772579 ☐ 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: Joseph Lemmon

Street Address (P.O. Box Number is Not Acceptable): 112 ARRICOLA Ave APT A

Suite, Apt. #, Etc.: ST. AUGUSTINE FL 32080

City: | State: FL | Zip Code: 32080

☑ 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: Joseph Lemmon — REGISTERED AGENT MUST SIGN — Date: 1/23/07

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
Pres.	Joseph Lemmon	112 ARRICOLA Ave	ST. AUG FL 32080

REINSTATEMENT 05-07

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01/31/07--01050--014 **5.00

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: Joseph Lemmon — Date: 1/23/07 — Daytime Phone #: 904 347-7955

Typed or printed name of signing Managing Member/Manager: Joseph Lemmon

1/23/07

Dear Sirs,

I had recently applied to renew my Workers Comp exempt paperwork. It was declined because my Corporation papers weren't up-to-date. I had no prior notice that I was supposed to reinstate it! Please note my current address on all new paperwork it STATES:

Joe Lemmon
112 Artcola Ave Apt A
St. Augustine FL 32080

I have been living at this address Since 12/04/04

thanking you in advance,

Joseph Lemmon

904-347-7955