

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

200.00  
9-16-05

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 OCT -5 AM 10:40

DOCUMENT # L04000090850

1. Limited Liability Company's Name

RONALD MILLER HOME IMPROVEMENT, LLC

CR2E041 (8/05)

2. Principal Office Address

4500 N FLAGLER DRIVE

Suite, Apt. #, etc.

C-1

City & State

WEST PALM BEACH, FL

Zip

33407

Country

UNITED STATES

3. Mailing Office Address

4500 N FLAGLER DRIVE

Suite, Apt. #, etc.

C-1

City & State

WEST PALM BEACH, FL

Zip

33407

Country

UNITED STATES

4. State/Country of Formation

FLORIDA/UNITED STATES

5. Date Organized or Qualified  
To Do Business in Florida

12/16/2004

6. FEI Number

36-4565827

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

RONALD MILLER

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

4500 N FLAGLER DRIVE

Suite, Apt. #, Etc.

UNIT C-1

City

WEST PALM BEACH

State

FL

Zip Code

33407

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

REGISTERED AGENT MUST SIGN

Date

9/19/06

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
PRESIDENT	RONALD MILLER	4500 C-1 N FLAGLER DRIVE	WEST PALM BEACH, FL 33407

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

Date 09/19/06

Daytime Phone # 561-841-0824

Typed or printed name of signing Managing Member/Manager RONALD MILLER