


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000005747					
1. Entity Name RESTORATION PROFESSIONALS LLC					
Principal Place of Business 5481 WAYSIDE DR. SANFORD, FL 32771			Mailing Address 5481 WAYSIDE DR. SANFORD, FL 32771		
2. Principal Place of Business - No P.O. Box # 2401 LAFAYETTE AVE		3. Mailing Address PO Box 941459			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State WINTER PARK FL		City & State MAINTLAND FL		4. FEI Number 043804408	
Zip 32789		Country ORANGE		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CAMPOS, THOMAS J 5481 WAYSIDE DR. SANFORD, FL 32771		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2401 Lafayette Ave City Winter Park FL Zip Code 32789			
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 with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAMPOS, THOMAS J 5481 WAYSIDE DR. SANFORD, FL 32771		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2401 Lafayette Ave. Winter Park, FL 32789	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	400102526624 05/15/07--01039--002 **105.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: <u>Thomas J Campos</u>			May 9, 2007 4074175700		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05092007 REIN-LLC CR2E101 (1/07)

REINSTATEMENT

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