

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L05000009863</b>						<b>FILED</b> 09 FEB 10 AM 8:14 TALLAHASSEE, FLORIDA	
<b>1. Entity Name</b> HOME PROCUREMENTS, LLC							
<b>Principal Place of Business</b> 11725 WALTON PLACE NAPLES, FL 34110				<b>Mailing Address</b> 11725 WALTON PLACE NAPLES, FL 34110			
<b>2. Principal Place of Business - No P.O. Box #</b> 2325 Residence Circle				<b>3. Mailing Address</b> 2325 Residence Circle			
<b>Suite, Apt. #, etc.</b> # 202				<b>Suite, Apt. #, etc.</b> # 202			
<b>City &amp; State</b> NAPLES, FL				<b>City &amp; State</b> NAPLES, FL			
<b>Zip</b> 34105		<b>Country</b> USA		<b>Zip</b> 34105		<b>Country</b> USA	
<b>4. FEI Number</b> NOT APPLICABLE				<b>Applied For</b> Not Applicable			
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> ALBERT LOPEZ 11725 WALTON PLACE NAPLES, FL 34110				<b>7. Name and Address of New Registered Agent</b> Name: ALBERT LOPEZ Street Address (P.O. Box Number is Not Acceptable): 2325 Residence Circle #202 City: NAPLES FL Zip Code: 34105			
<b>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.</b> SIGNATURE: <i>[Signature]</i> DATE: 2/2/09 <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when re-registering)</small>							
<b>FILE NOW!!! FEE IS \$277.50</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. <input checked="" type="checkbox"/>		Make check payable to Florida Department of State			
<b>9. MANAGING MEMBERS / MANAGERS</b>				<b>10. ADDITIONS / CHANGES</b>			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOPEZ, ALBERT 11725 WALTON PLACE NAPLES, FL 34110			<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOPEZ, ALBERT 2325 RESIDENCE CIRCLE #202 NAPLES, FL 34105		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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<b>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.</b>				<b>REINSTATEMENT</b>			
SIGNATURE: <i>[Signature]</i> ALBERT LOPEZ 2/2/09 239-571-5338 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>			