

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
 09 OCT - 8 PM 12: 28
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000012982

1. Corporation Name

THE HARE'S HOME REPAIRS AND HANDYMAN
Services, LLC

2. Principal Office Address - No P.O. Box #

6674 SALEM RD

Suite, Apt. #, etc.

City & State

QUINCY, FL

Zip

32352

Country

US

3. Mailing Office Address

6674 SALEM RD

Suite, Apt. #, etc.

City & State

QUINCY, FL

Zip

32352

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

02/08/2005

5. FEI Number
59-3797364

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
MICHAEL S. HARE, SR

Street Address (P.O. Box Number is Not Acceptable)
6674 SALEM RD

Suite, Apt. #, Etc.

City
QUINCY

State
FL

Zip Code
32352

☒ The 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 reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Michael S. Hare

Date

10/8/09

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
MGRM	MICHAEL S. HARE, SR.	6674 SALEM RD	QUINCY, FL 32352

REINSTATEMENT

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10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:

Michael S. Hare

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/8/09

Daytime Phone #