

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

06 MAY -1 AM 9:21

DOCUMENT # L05000032008

1. Limited Liability Company's Name

A-1 Home Inspections

2. Principal Office Address

120 Lehave Terr.

Suite, Apt. #, etc.

117

City & State

North Palm Beach

Zip

33408

Country

USA

3. Mailing Office Address

120 Lehave Terr.

Suite, Apt. #, etc.

117

City & State

North Palm Beach

Zip

33408

Country

USA

4. State/Country of Formation

USA

5. Date Organized or Qualified  
To Do Business in Florida

3-30-05

6. FEI Number

20-1539131

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

CARL BARONE

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

120 Lehave Terr.

Suite, Apt. #, Etc.

117

City

North Palm Beach

State

FL

Zip Code

33408

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

Carl Barone

REGISTERED AGENT MUST SIGN

Date

4/1/06

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
<u>Pres.</u>	<u>CARL BARONE</u>	<u>120 Lehave Terr 117</u>	<u>N. Palm Beach FL.</u> <u>33408</u>

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

Carl Barone

Date

4/1/06

Daytime Phone #

561-662-1548

Typed or printed name of signing Managing Member/Manager