

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000046134

1. Limited Liability Company's Name

THE HANDIEST HANDS L.L.C

800160933148
12/03/09--01028--008 **138.75

800160933148
09/22/09--01031--002 **138.75

CR2E041 (10/08)

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

2689 ALHAMBRA AVE

Suite, Apt. #, etc.

3. Mailing Office Address

2689 ALHAMBRA AVE

Suite, Apt. #, etc.

City & State

DELAND FL

Zip

32720

Country

FLORIDA

City & State

DELAND FL

Zip

32720

Country

FLORIDA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

5/19/05

6. FEI Number

02-0743276

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

GARY ELBERT

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

2689 ALHAMBRA AVE

Suite, Apt. #, Etc.

City

DELAND

State

FL

Zip Code

32720

☒ A \$100 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 \$100 reinstatement be waived.

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 9-17-09

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
MGRM	GARY ELBERT	2689 ALHAMBRA AVE	DELAND FL 32720

REINSTATEMENT 2008, 2009

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 DEC -2 PM 2:32

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 9-17-09 Daytime Phone # 386 235 8525

Typed or printed name of signing Managing Member/Manager

GARY ELBERT



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 DEC -2 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 23, 2009

THE HANDIEST HANDS L.L.C.
2689 ALHAMBRA AVE
DELAND, FL 32720

SUBJECT: THE HANDIEST HANDS L.L.C.
Ref. Number: L05000046134

We have received your document for THE HANDIEST HANDS L.L.C. and check(s) totaling \$138.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$138.75. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The document must contain the name, title, and business address of each managing member or manager.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 909A00031180