

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 FEB -6 AM 9:56

DOCUMENT # L05000072207 1. Entity Name RANDOLPH'S HOME & PROPERTY IMPROVEMENTS, LC					
Principal Place of Business 600 SPRINGDALE ROAD ORLANDO, FL 32805			Mailing Address 600 SPRINGDALE ROAD ORLANDO, FL 32805		
2. Principal Place of Business - No P.O. Box # 116 OAKDALE ST		3. Mailing Address 116 OAKDALE ST			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		01312007 REIN-LLC CR2E101 (1/07)	
City & State WINDERMERE FL		City & State WINDERMERE FL		4. FEI Number 203185264	
Zip 34786		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RANDOLPH, WILLIE L JR. 600 SPRINGDALE ROAD ORLANDO, FL 32805		7. Name and Address of New Registered Agent Name RANDOLPH, WILLIE L JR Street Address (P.O. Box Number is Not Acceptable) 116 OAKDALE STREET City WINDERMERE FL Zip Code 34786			
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 <u><i>Willie Randolph</i></u> Willie Randolph 1-27-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$200.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RANDOLPH, WILLIE L JR. 600 SPRINGDALE ROAD ORLANDO, FL 32805	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RANDOLPH, WILLIE L JR. 116 OAKDALE STREET WINDERMERE, FL 34786	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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><i>Willie Randolph</i></u> Willie Randolph 1-27-07 4079084477 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					