

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 OCT 30 PM 4:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # L05000072621 1. Entity Name SNIPES HOME REPAIRS L.L.C.					
Principal Place of Business 1696 BALBOA LANE MIDDLEBURG, FL 32068			Mailing Address 1696 BALBOA LANE MIDDLEBURG, FL 32068		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 1696 BALBOA LANE Suite, Apt. #, etc.			
City & State MIDDLEBURG, FL		City & State MIDDLEBURG FL		4. FEI Number 13-4302820	
Zip 32068		Country CLAY		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SNIPES, J.W. 1696 BALBOA LANE MIDDLEBURG, FL 32068			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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>J.W. Snipes</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>10-26-07</u>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$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 SNIPES, J.W. 1696 BALBOA LANE MIDDLEBURG, FL 32068 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> <div style="text-align: center;"> 100111464861 10/29/07-01072-010 ***50.00 </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SNIPES, CAROLYN 1696 BALBOA LANE MIDDLEBURG, FL 32068 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
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>J.W. Snipes</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>10-26-07</u> Daytime Phone # _____		

REINSTATEMENT

2007