

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

06 NOV -1 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10052006 REIN-LLC CR2E101 (11/05)

DOCUMENT # L05000079964 1. Entity Name BEST DAMN HANDYMAN, LLC					
Principal Place of Business 12917 ASTORWOOD PLACE RIVERVIEW, FL 33569 US			Mailing Address 12917 ASTORWOOD PLACE RIVERVIEW, FL 33569 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 20-3327986			<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>					\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <i>Walter J. Mosenthal</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 20%; text-align: center;"> 10/28/06 <small>DATE</small> </div> <div style="width: 40%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> </div>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, 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	MGR MOSENTHAL, WALTER J 12917 ASTORWOOD PLACE RIVERVIEW, FL 33569	<input type="checkbox"/> Delete			
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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.		REINSTATEMENT			
SIGNATURE: <i>Walter J. Mosenthal</i>		10/28/06 <small>Date</small>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		<small>Daytime Phone #</small>			