PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.		
LIMITED LIABILITY COMPANY REINSTATEMENT		09 FEB 10 PH 2: 34
DOCUMENT # LO50000 81107 1. Limited Liability Company's Name Home Heroes of America, LLC		SECRETARY OF STATE TALLAHASSEE FLORIDA
2. Principal Office Address - No P.O. Box # 22700 SW 172 CT Suite, Apt. #, etc.	3. Mailing Office Address 22700 SW 172 CT Suite, Apt. #, etc.	CR2E041 (10/08) 4. State/Country of Formation FIOTIDA 5. Date Organized or Qualified
City & State Miumi Fl Zip 33170 USA	City & State MIQMIFI Zip 33170 Country USA	To Do Business in Florida B 15 05 6. FEI Number Applied For T5 32 00 530 Not Applicable 7. CERTIFICATE OF STATUS DESIRED
8. Name and Address of Current Registered Agent Name Mano Famada Street Address (P.O. Box Number is Not Acceptable) 22100 Store 22100 Store Suite, Apl. #, Etc. State Zip Code City Miami FL 33100		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 tiability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent		
10. Names and Street Addresses of Managing Merr	nbers/Managers	
Titles Name of Managing Members/Manage	ars Street Address of Eac Managing Member/Mana	iger f
		027699-673755675177.50
REINSTATEMENT _{07,09}		
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 timited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same tegal effect as if made under oath. Signature of Manager		

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