PLEASE READ ALL INSTRUCTIONS BE. VIRE COMPLETING THIS FORM.

		تنور DEPARTMENT OF STATE Secretary of State		FILED			
REINSTATEMENT DIVISION OF C		-	DRATIONS 09		DEC 30 AM 11:41		
DOCÚMENT # LOS (10009	197572		SECR TAULA	SECRETARY OF STATE. FAULAHASSEE, FLORIDA		
1. Limited Liability Company's Name)-00				000163589700		
Scully's A	HUDTMAN	SEA	evices LLC	12/14/0	0901059006	**50.00	
2. Principal Office Address - No P.O. Box #	3. Mailing Office Addres				CR2E041 (12/	07)	
307 W. SUNSET AVE.		W. SUNSET AVE.		4. State/Country of Formation			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			UNITED SPOTES			
				5. Date Organized or Qualified To Do Business in Florida ///2/05			
City & State PENSOLA FLA.	City & State PENSICORA FLA.		6. FEI Number Applied For				
Zip Country	Zip Zip	Country			5/-058934/ Not Applicable		
32507 UNITED SAVE	32 5 07		ited States	7. CERTIFICATE	OF STATUS DESIRED S	5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent				,			
Name GAIL HAND				A \$100 reinstatement fee is imposed, except in circumstances which the entity did not			
Street Address (P.O. Box Number is Not Acceptable)			receive the prior notices. By checking this				
Suite, Apt. #, Etc.			box, you are certifying the prior notices were not received and requesting the \$100				
Otc.		Cintal 7% Code			reinstatement be waived.		
TACKSONVILLE FLA	1	State FL	Zip Code 32244		000163589700 /29/0901002002 **88.75		
9. I, being appointed the registered agent of the above	/e named limited liability co	mpany,	am familiar with and a		2011.4.2 . 82.7	The second second	
Signature of Registered Agent Date 1/-2-05							
REGISTERED AGENT MUST SIGN					Date		
10. Names and Street Addresses of Managing Merr	bers/Managers						
Titles Name of Managing Members/Managers		Street Address of Each Managing Member/Manag			City / State / Zip		
			. SUNSET	AUE.	PENSACOLA	FLA. 32507	
MERM GAIL HAND 9525 MAIDSTONE MILL DR.W JACKSONVILLE FLA 322							
		-					
S. HAWKES				S	,		
				nnd—\)		
N THIEN	TEIN I	F			W 10	wes	
S HAVA						¬ /= `	
, ,			SHA	WES	00	15)	
11. I certify that I am managing member/manager or	the receiver or trustee em	powered	d to execute this applic	WKES cation as provide	d for in chapter 608, F.S. I f	further certify that when	
11. I certify that I am managing member/manager or filing this reinstatement application the reason for all fees owed by the limited liability company bave as if made under oath.	the receiver or trustee em dissolution has been elimin been paid. The information	powered	d to execute this applic	cation as provide	d for in chapter 608, F.S. I f s the requirements of section te, and my signature shall ha	further certify that when n 608,406, F.S., and that ave the same legal effect	

Typed or printed name of signing Managing Member/Manager



December 16, 2009

SCULLY'S HANDYMAN SERVICES LLC 307 W SUNSET AVE PENSACOLA, FL 32507

SUBJECT: SCULLY'S HANDYMAN SERVICES LLC

Ref. Number: L05000097572

We have received your document for SCULLY'S HANDYMAN SERVICES LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: \$100 reinstatement fee; \$138.75 filing fee for current year. Therefore, the total amount due to reinstatement the limited liability company at this time is \$88.75.

Please include an additional \$5.00 for each certificate of status requested (optional).

Please return 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) 245-6955.

Letter Number: 009A00038239

Suzanne Hawkes Regulatory Specialist II