

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 SEP 20 PM 4:20

DOCUMENT # L05000109579

1. Limited Liability Company's Name

INTERIOR FINISHES & HANDYMAN SERVICES, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #  
339 Andrews Avenue

Suite, Apt. #, etc.

3. Mailing Office Address  
339 Andrews Avenue

Suite, Apt. #, etc.

City & State  
DeFuniak Springs, FL

City & State  
DeFuniak Springs, FL

Zip  
32433

Country  
USA

Zip  
32433

Country  
USA

4. State/Country of Formation  
Florida

5. Date Organized or Qualified  
To Do Business in Florida 11/14/2005

6. FEI Number  
20-3780348

Applied For  
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name  
Brad Congleton CPA, Inc.

Street Address (P.O. Box Number is Not Acceptable)  
50 Uptown Grayton Circle

Suite, Apt. #, Etc.  
15

City  
Santa Rosa Beach

State Zip Code  
FL 32459

☒ 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 liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

Date

REGISTERED AGENT MUST SIGN

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
MGRM	Leon Jonas	339 Andrews Avenue	DeFuniak Springs, FL 32433
			500109959849 09/28/07--01035--005 **100.00
			REINSTATEMENT
			2006 2007
			BUT

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 limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of  
Managing Member/Manager

Date 9/19/07

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

LEON JONAS