


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| LIMITED LIABILITY COMPANY REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS W11-38635 | | FILED 11 AUG 10 PM 4:04 SECRETARY OF STATE TALLAHASSEE, FLORIDA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-----------------------------------|---|--------------------|--|--|--------|-----------------------------------|--|--------------------|-----|------------------|--------------------|--------------------|-----|-----|-----|-----|-----|-----|------------|-----|-----|-----|-------------|-----|-----|-----|----------|-----|-----|-----|-----|-----|
| DOCUMENT # L05000119713 1. Limited Liability Company's Name KAREN'S A/C & HEATING, LLC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Office Address - No P.O. Box # 1224 | | 3. Mailing Office Address 1224 | | 4. State/Country of Formation Florida | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suite, Apt. #, etc. TULIPWOOD DR. | | Suite, Apt. #, etc. TULIPWOOD DR. | | 5. Date Organized or Qualified To Do Business in Florida 12/15/2005 EFF: 01/02/2006 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State SEFFNER, FL. | | City & State SEFFNER, FL. | | 6. FEI Number 42-1611987 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zip 33584 | | Country U.S.A. | | 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Name and Address of Current Registered Agent Name MICHAEL G. ALVAREZ Street Address (P.O. Box Number is Not Acceptable) 1224 TULIPWOOD DR. Suite, Apt. #, Etc. N/A City SEFFNER | | State FL | | Zip Code 33584 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 Michael G. Alvarez R.R. Date 7-27-11 REGISTERED AGENT MUST SIGN MICHAEL G. ALVAREZ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. Names and Street Addresses of Managing Members/Managers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th>Titles</th><th>Name of Managing Members/Managers</th><th>Street Address of Each Managing Member/Manager</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>MGR</td><td>Karen B. ALVAREZ</td><td>1224 TULIPWOOD DR.</td><td>SEFFNER, FL. 33584</td></tr><tr><td>N/A</td><td>N/A</td><td>N/A</td><td>N/A</td></tr><tr><td>N/A</td><td>N/A</td><td>L. SELLERS</td><td>N/A</td></tr><tr><td>N/A</td><td>N/A</td><td>AUG 11 2011</td><td>N/A</td></tr><tr><td>N/A</td><td>N/A</td><td>EXAMINER</td><td>N/A</td></tr><tr><td>N/A</td><td>N/A</td><td>N/A</td><td>N/A</td></tr></tbody></table> | | | | | | Titles | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip | MGR | Karen B. ALVAREZ | 1224 TULIPWOOD DR. | SEFFNER, FL. 33584 | N/A | N/A | N/A | N/A | N/A | N/A | L. SELLERS | N/A | N/A | N/A | AUG 11 2011 | N/A | N/A | N/A | EXAMINER | N/A | N/A | N/A | N/A | N/A |
| Titles | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MGR | Karen B. ALVAREZ | 1224 TULIPWOOD DR. | SEFFNER, FL. 33584 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| N/A | N/A | N/A | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| N/A | N/A | L. SELLERS | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| N/A | N/A | AUG 11 2011 | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| N/A | N/A | EXAMINER | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| N/A | N/A | N/A | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S. Signature of Managing Member/Manager Karen B. Alvarez M.A. Date 7-27-11 Daytime Phone # 813-767-8647 Typed or printed name of signing Managing Member/Manager KAREN B. ALVAREZ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |