

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000121901

FILED
Feb 19, 2008
Secretary of State

Entity Name: H.I.S HOME IMPROVEMENT SERVICES, LLC

Current Principal Place of Business:

9753 S ORANGE BLOSSOM TRAIL
SUITE 202
ORLANDO, FL 32837

New Principal Place of Business:

Current Mailing Address:

5301 MOXIE BLVD
ORLANDO, FL 32839

New Mailing Address:

3624 WEATHERFIELD DRIVE
KISSIMMEE, FL 34746

FEI Number: 20-3994087 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GUASH, EDGAR
5301 MOXIE BLVD
ORLANDO, FL 32839 US

Name and Address of New Registered Agent:

CLEMENTE, LUIS A
3624 WEATHERFIELD DRIVE
KISSIMMEE, FL 34746 US

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.

SIGNATURE: LUIS A CLEMENTE

02/19/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GUASH, EDGAR
Address: 5301 MOXIE BLVD
City-St-Zip: ORLANDO, FL 32839

Title: MGR (X) Delete
Name: CLEMENTE, LUIS A
Address: 5301 MOXIE BLVD
City-St-Zip: ORLANDO, FL 32839

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CLEMENTE, LUIS A
Address: 3624 WEATHERFIELD DRIVE
City-St-Zip: KISSIMMEE, FL 34746

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

SIGNATURE: LUIS A CLEMENTE

MGR

02/19/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date