

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000031883

1. Entity Name  
BOHR'S HOME IMPROVEMENT, LLC



FILED

07 DEC 18 AM 8:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1307 EASTBROOK BLVD.  
WINTER PARK, FL 32792 US

Mailing Address  
1307 EASTBROOK BLVD.  
WINTER PARK, FL 32792 US

2. Principal Place of Business - No P.O. Box #  
*no changes*

3. Mailing Address  
*no changes*

Suite, Apt. #, etc.

City & State

Zip Country

10172007 REIN-LLC CR2E101 (1/07)

4. FEI Number Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
BOHR, NICHOLAS A SR  
1307 EASTBROOK BLVD.  
WINTER PARK, FL 32792

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Nicholas Allen Bohr Sr.* *11-3-07*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00  
After January 1, 2008, Fee will be \$200.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	<i>Manager</i>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<i>Nicholas Allen Bohr Sr</i>		NAME		
STREET ADDRESS	<i>1307 Eastbrook Blvd</i>		STREET ADDRESS		
CITY-ST-ZIP	<i>Winter Park, FL 32792</i>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

REINSTATEMENT  
2007

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Nicholas Allen Bohr Sr* *11-3-07* *(107) 947-9454*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #