

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

11 FEB -9 PM 12:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L07000003466

1. Limited Liability Company's Name

P.P. Home Improvement LLC

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #

1219 Thomas Dr

Suite, Apt. #, etc. 258

1219 Thomas Dr

City & State

Panama City Beach Havana FL

Zip

32408

Country

Bay

3. Mailing Office Address

P.O. Box 2516

Suite, Apt. #, etc.

City & State

Zip

32333

Country

Gadston

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

1-11-07

6. FEI Number

20-8204763

☐ 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

David Pavao

Street Address (P.O. Box Number is Not Acceptable)

1219 Thomas Dr

Suite, Apt. #, Etc.

258

City

P.C.B.

State

FL

Zip Code

32408

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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

David Pavao

REGISTERED AGENT MUST SIGN

Date 2-9-11

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
MEM	David Pavao	258 Thomas Dr	P.C.B FL 32408

REINSTATEMENT

2010-2011

11. E-mail Address: P.David.sawdust2@aol.com

(To be used for future annual report notifications)

12. 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

David Pavao

Date 2-9-11

Daytime Phone # 229-221-7726

Typed or printed name of signing Managing Member/Manager David Pavao