L07000023148

Florida Department of State

Division of Corporations

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Fax Number : (850)617-6383

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Account Number : I20000000195
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LIMITED LIABILITY REINSTATEMENT
ARODS HOME SOLUTIONS, LLC

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (05/10)

DOCUMENT # L07000023148

1. Limited Liability Company's Name

ARODS HOME SOLUTIONS, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
5921 Ravenswood Road	6780 SW 9TH STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Unit B-8	
City & State	City & State
DANIA, FL	PEMBROKE PINES, FL
Zip / Country	Zip / Country
33312 / USA	33023 / USA

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business In Florida: 03/01/2007

6. FEI Number: 04-0952188 ☐ 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: CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET

Suite, Apt. #, Etc:

City: TALLAHASSEE State: FL Zip Code: 32301

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: Karen Wallace Date: 12/3/10

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	ANGELO E. RODRIGUEZ	6780 SW 9TH STREET	PEMBROKE PINES, FL 33023
MGRM	TANIA V. RODRIGUEZ	6780 SW 9TH STREET	PEMBROKE PINES, FL 33023

REINSTATEMENT 09-10

11. E-mail Address: ARODSHOMESOLUTIONS@COMCAST.NET
(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: Angelo E. Rodriguez Date: 11/28/10 Daytime Phone #: 954-662-4110

Typed or printed name of signing Managing Member/Manager: ANGELO E. RODRIGUEZ