

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
<b>REINSTATEMENT</b> <i>Annual Report</i>			
DOCUMENT # <i>L07000049154</i>			
1. Limited Liability Company's Name  Home Tech Unl. L.L.C.			
2. Principal Office Address - No P.O. Box # 109 Granada St.  Suite, Apt. #, etc.		3. Mailing Office Address  Suite, Apt. #, etc.  City & State Royal Palm Beach  Zip Country 33411 Palm Beach	
4. State/Country of Formation Florida		5. Date Organized or Qualified To Do Business in Florida May 8 2007	
6. FEI Number 20-8995280		Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status			
8. Name and Address of Current Registered Agent Name Velda Gillispie Street Address (P.O. Box Number is Not Acceptable) 109 Granada Street Suite, Apt. #, Etc. City State Zip Code Royal Palm Beach FL 33411			
<input type="checkbox"/> A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.			
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 <i>Velda A. Gillispie</i> Date <i>4/7/09</i> 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
Manager	H. Wayne Gillispie	109 Granada Street	Royal Palm Beach, Fl. 33411
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. Signature of Managing Member/Manager <i>H. Wayne Gillispie</i> Date <i>4/7/09</i> Daytime Phone # <i>561-719-8213</i> Typed or printed name of signing Managing Member/Manager <i>H. Wayne Gillispie</i>			