

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 MAY -7 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600179473736
04/30/10--01057--022 ***521.25

CR2E041 (11/09)

DOCUMENT # **L07000064876**

1. Limited Liability Company's Name

**Affordable Home Improvement
Specialists**

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

14387 Montevista Rd

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Groveland, FL

City & State

Same

Zip

34736

Country

USA

Zip

11

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

6/20/2007

6. FEI Number

27-1840198

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

Gerald R. Fleetwood, II

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

14387 Montevista Rd

Suite, Apt. #, Etc.

City

Groveland

State

FL

Zip Code

34736

☐ 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

Gerald R. Fleetwood, II

REGISTERED AGENT MUST SIGN

Date **4/27/10**

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 |
|------------|--------------------------------------|---|----------------------------|
| MDR | Gerald R. Fleetwood, II | 14387 Montevista Rd. | Groveland, FL 34736 |
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REINSTATEMENT-08-10

11. E-mail Address: **fleetwoodrepairs@gmail.com**

(To be used for future annual report notifications)

12. I certify that I am a 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

Same

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

CL