

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 DEC -2 PM 4:41

DOCUMENT # L07000074774

1. Limited Liability Company's Name

Horizon Home Modifications LLC

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

3071 Bent Grass Ln

Suite, Apt. #, etc.

3. Mailing Office Address

3071 Bent Grass Ln

Suite, Apt. #, etc.

City & State

Tallahassee FL

Zip

32311

Country

USA

City & State

Tallahassee FL

Zip

32311

Country

USA

4. State/Country of Formation

FL / US

5. Date Organized or Qualified
To Do Business in Florida

7/17/07

6. FEI Number

26-0603969

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 Brandon Herbert

Street Address (P.O. Box Number is Not Acceptable)
3071 Bent Grass Ln

Suite, Apt. #, etc.

City
Tallahassee

State
FL

Zip Code
32311

☒ 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

Brandon Herbert

Date 12-2-09

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
PR	Brandon Herbert	3071 Bent Grass Ln	Tallahassee FL 32311
MEM			

900163268129
12/03/09 01002-007 **138.75

REINSTATEMENT 2009

11. E-mail Address:

(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

Brandon Herbert

Date 12-2-09

Daytime Phone # 8503222353

Typed or printed name of signing Managing Member/Manager