

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

10 APR 29 PM 3:21

DOCUMENT # L 07000088306

1. Limited Liability Company's Name

KB 1 HOME IMPROVEMENTS LLC

100178903681
04/29/10--01011--012 **416.25

CR2E041 (11/09)

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

2351 Kings Crest Rd

Suite, Apt. #, etc.

3. Mailing Office Address

as in 2

Suite, Apt. #, etc.

City & State

Kissimmee FL

City & State

Zip

34744

Country

0XEO LA

Zip

Country

4. State/Country of Formation

FL, USA

5. Date Organized or Qualified
To Do Business in Florida

04/27/2010

6. FEI Number

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

KHALIL BENMADANI

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

2351 Kings Crest Rd

Suite, Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34744

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 04/27/2010

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	Khalil Benmadani	2351 Kings Crest Rd	Kissimmee, FL 34744

REINSTATEMENT 2008-2010

11. E-mail Address: K.Benmadani@gmail.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

[Signature]

Date

04/27/2010

Daytime Phone #

321-297-9307

Typed or printed name of signing Managing Member/Manager

APR 30 2010