

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 CORPORATION

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DOCUMENT # **L07000099208**

1. Limited Liability Company's Name

HOME QUALITY PRODUCTS FINANCE LLC

REINSTATEMENT *2008-09 JBA*

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
10204 CHARLESTON CORNER RD (SAME) Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State TAMPA, FLORIDA		City & State	
Zip 33635	Country HILLSBOROUGH	Zip	Country

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 09-28-07	
6. Fed. number 26-1171726	Applied For 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 THE LAW OFFICES OF NICK SPRADLIN PLLC		
Street Address (P.O. Box Number is Not Acceptable) 12000N. DALE MABRY HWY		
City, State, Zip Code TAMPA FL 33635		

☒ 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]* Date **11/17/09**

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
MGRM	CENIA E JUEZ	10204 CHARLESTON CORNER RD, TAMPA, FL 33635	
MGRM	FULTON D JUEZ	10204 CHARLESTON CORNER RD, TAMPA, FL 33635	

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 *[Signature]* Date **11/17/09** Daytime Phone # **(813) 403-3583**

Typed or printed name of signing Managing Member/Manager _____