PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY: REINSTATEMENT	Secretar	TMENT OF STATE y of State corporations		FILED 10 JAN 15 AM 8: 36	
DOCUMENT # _ 0700004884 1. Limited Liability Company's Name STEPHEN SMARSH HANDYMAN SERVICES LCC			01/15	SECRETARY OF STATE FALL AHASSEE, FLORIDA FALL - 01039 - 801 **416.25	
Principal Office Address - No P.O. Box # 3. Mailing Office Address			800166325178 01/15/106423元何明,**416.25		
27631 BARETTA DR . S		AME		try of Formation	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			8107	
				ness in Florida 80407	
City & State City & State City & State		·.6. [E]			
Zip Country	Zip C	Country	7.	Not Applicable 55,00 Additional Fee required	
34135 USA	34135	USA:	CERTIFICATE	OF STATUS DESIRED tor a Certificate of Status	
Name and Address of Current Registered Agent			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.		
STEPHEN SMARSH					
Street Address (P.O. Box Number is Not Acceptable)					
Suite, Apt. #, Etc.					
BONITA SPRING State STATE					
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				Date	
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	
5 ANDREASMARSH		27631 Barena OR		BONITA SARINGS FL 34135	
				·	
				J.	
	REINSTATEMENT 2008-LO				
11. E-mail Address: ANGSMA((SHO)GMA)L - 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					
Typed or printed name of signing Menaging Member/Manager STEPHEN SMARSH					