


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L07000116883			
1. Limited Liability Company's Name Barber Home Repair, LLC			
2. Principal Office Address - No P.O. Box # 3115 Porter Rd Suite, Apt. #, etc. City & State Lithia, FL Zip Country 33547 USA		3. Mailing Office Address 5010 12th Ave S Suite, Apt. #, etc. City & State Tampa, FL Zip Country 33619 USA	
8. Name and Address of Current Registered Agent Name Preston Barber Street Address (P.O. Box Number is Not Acceptable) 3115 Porter Rd Suite, Apt. #, Etc. City State Zip Code Lithia FL 33547		4. State/Country of Formation Florida, USA 5. Date Organized or Qualified To Do Business in Florida 11/07/2007 6. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status <input checked="" type="checkbox"/> 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 _____ Date _____ <div style="text-align: center;">REGISTERED AGENT MUST SIGN</div>			
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
owner	Preston Barber	3115 Porter Rd.	Lithia, FL 33547
<div style="display: flex; justify-content: space-between;"><div>REINSTATEMENT 2008</div><div>FILED 2008 OCT 21 A 11:21 TALLAHASSEE, FLORIDA SECRETARY OF STATE</div></div>			
11. 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 <u>Preston Barber</u> Date <u>10/13/08</u> Daytime Phone # <u>(813) 446-9265</u> Typed or printed name of signing Managing Member/Manager <u>Preston Barber</u>			