

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB 15 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400168764804
02/15/10--01003--020 **277.50

CR2E041 (11/09)

DOCUMENT #

1. Limited Liability Company's Name L08000035246
THE JEFFERSON'S HOME IMPROVEMENT LLC

2. Principal Office Address - No P.O. Box # 4056 BUSTON RD. TALL FL
Suite, Apt. #, etc. 32305

City & State TALLAHASSEE FL
Zip 32305 Country USA

3. Mailing Office Address 4056 BUSTON RD. TALL FL
Suite, Apt. #, etc. 32305

City & State TALLAHASSEE FL
Zip 32305 Country USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

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 ED MICHAEL JEFFERSON
Street Address (P.O. Box Number is Not Acceptable) 4056 BUSTON RD
Suite, Apt. #, Etc.
City TALLAHASSEE State FL Zip Code 32305

☒ 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 ED MICHAEL JEFFERSON

Date

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
MGM RMA	ED MICHAEL JEFFERSON 4056 BUSTON RD. TALL FL 32305	ED MICHAEL JEFFERSON 4056 BUSTON RD. TALL FL 32305	

REINSTATEMENT

09-10

OR 2-15-10

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 ED MICHAEL JEFFERSON Date FEB 15, 10 Daytime Phone # (850) 212-0661

Typed or printed name of signing Managing Member/Manager