

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2011 JAN 10 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L09000085478

1. Limited Liability Company's Name

A I I Z RENOVATIONS LLC

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

96 SUGARCANE LN

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 1173

Suite, Apt. #, etc.

City & State

CRAWFORDVILLE FL

City & State

CRAWFORDVILLE FL

Zip

32326

Country

US

Zip

32326

Country

US

4. State/Country of Formation

FLORIDA US

5. Date Organized or Qualified
To Do Business in Florida

09/03/2009

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

STEPHEN THEOFANE

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

96 SUGARCANE LN

Suite, Apt. #, Etc.

City

CRAWFORDVILLE

State

FL

Zip Code

32326

200190763532
01/10/11--01004--021 **238.75

200190763532
01/10/11--01004--022 **138.75

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 1-10-11

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	STEPHEN THEOFANE	PO BOX 1173	CRAWFORDVILLE FL 32326
MGRM	SHARON THEOFANE	PO BOX 1173	CRAWFORDVILLE FL 32326

J. SAULSBERRY
EXAMINER

JAN 10 2011

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 1-10-11

Daytime Phone # 597-4991

Typed or printed name of signing Managing Member/Manager

W/ik-En