

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT RENEW 2010		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 10 MAY -3 PM 2:30 SECRETARY OF STATE TALLAHASSEE, FLORIDA		RECEIVED DEPARTMENT OF STATE DIVISION OF CORPORATIONS 2010 APR 30 PM 1:05 NOT INCLUDED TO ACKNOWLEDGE SUFFICIENCY OF FILING	
DOCUMENT # 1. Limited Liability Company's Name L09000110350 ALL PRO RESTORATION OF SOUTH FLORIDA LLC						CR2E041 (11/09)	
2. Principal Office Address - No P.O. Box # 39 SW 19 CT		3. Mailing Office Address 39 SW 19 CT		4. State/Country of Formation		5. Date Organized or Qualified To Do Business in Florida 11/17/2009	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. FEI Number N/A		Applied For Not Applicable	
City & State CAPE CORAL FL		City & State CAPE CORAL FL		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
Zip 33991	Country LEE USA	Zip 33991	Country LEE USA				
8. Name and Address of Current Registered Agent						<input 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.	
Name MATTHEW HAEGELE							
Street Address (P.O. Box Number is Not Acceptable) SAME 39							
Suite, Apt. #, Etc.							
City CAPE CORAL		State FL	Zip Code 33991				
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 _____ 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			
Mgr	MATTHEW HAEGELE	39 SW 19 CT		CAPE CORAL FL 33991			
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		Date		Daytime Phone #			
[Signature]		4/30/10		850 591-5548			
Typed or printed name of signing Managing Member/Manager							

MAY - 3 2010