

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L09000115757

1. Limited Liability Company's Name

GLOBAL HOME SERVICES, LLC

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

357 OAK LANDING DR.

Suite, Apt. #, etc.

City & State

MULBERRY, FL.

Zip

33860

Country

USA

3. Mailing Office Address

357 OAK LANDING DR.

Suite, Apt. #, etc.

City & State

MULBERRY, FL.

Zip

33860

Country

USA

8. Name and Address of Current Registered Agent

Name

ROBERTO RODRIGUEZ

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

357 OAK LANDING DR.

Suite, Apt. #, Etc.

City

MULBERRY,

State

FL

Zip Code

33860

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

REGISTERED AGENT MUST SIGN

Date

11/18/11

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	ROBERTO RODRIGUEZ	357 OAK LANDING DR.	MULBERRY, FL. 33860

100214174891
11/10/11--01008--003 **238.75

100214174891
11/23/11--01001--011 **138.75

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Date

11/18/11

Daytime Phone #

(863) 286-2577

Typed or printed name of signing Managing Member/Manager

FILED

11 NOV 22 PM 5:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

KS
REINSTATEMENT (11) 10-11

4. State/Country of Formation

FLORIDA, USA.

5. Date Organized or Qualified
To Do Business in Florida

12/04/2009

6. FEI Number

27-1432718

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

E-mail Address:

RODRIGUEZ10061@NETZERO.NET
(To be used for future annual report notices)