PLEASE READ AL. INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT  COMPANY  REINSTATEMENT  COMPANY  Secretary of State  DIVISION OF CORPORATIONS					FILED		
DOCUMENT # 1/1000 96106					2814 NOV -4 A 11: 14		
In His Own Home Limited Liability Company's Name Company					TA	ECRETARY OF STATE LLAMASSEE, FL <b>ORIDA</b>	
Principal Office Address - No P.O. Box # 3. Mailing Office						CR2E041 (1/14)	12-14
200 ( Suite, Apt, #	NW 24th Avenue	Suite, Apt. #, etc.			4. State/Country of Formation Florida		
City & State City & State			<u> </u>		5. Date Organized or Qualified To Do Business in Florida  8/20/20(1		
Gaine	esville, FL Country	Gainesulle, F2			6. FEI Numbei	<del></del>	pplied For lot Applicable
3260		32605		SA	7. CERTIFICATE O	F STATUS DESIRED  \$5.00 Additional for a Certific	
8. Name and Address of Current Registered Agent  Name  MALIU OHAR SCHUELLER  Street Address (P.O. Box Number is Not Acceptable)  200					400266205484 11/05/1401004008 **516.25  EINSTATEMENT  d accept the obligations of Chapter 605, F.S.  Date 27 9cf 2014		
10. Names and Street Addresses of Authorized Representatives/Managers  Titles Name of Street Address of Each On A Control To							
Titles	Authorized Representatives/ Managers			thorized Representat Manager	live/	City / State / Zip	
MGR	Malini Johan Sch	ueller	2001 N	w 24th A	UPUNC	Cainesville, FL:	32605
						B. BOSTICK	
						NOV - 5 2014	THE PARTY OF THE P
						EXAMINER	
11_ E-mail Address: malini 1117@qmail.com (To be used for future annual report notifications)							
12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filling this reinstatement application he reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605,0012, 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 this unformation submitted to the Department of Situate constitutes a third degree felony as provided in s. 817.155, F.S.  Signature of Authorized Representative/Manager  Date 20 Oct 2019 Daytime Phone #  Typed or printed name of signing Authorized Representative/Manager  Malini Johan Schueller							