


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L11000123262

1. Limited Liability Company's Name

ALL ABOUT HANDY MAN SERVICE LLC

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

693 ARNOLD DR

Suite, Apt. #, etc.

City & State

WEST PALM BEACH FLORIDA

Zip

33415

Country

3. Mailing Office Address

693 ARNOLD DR

Suite, Apt. #, etc.

City & State

WEST PALM BEACH FLORIDA

Zip

33415

Country

8. Name and Address of Current Registered Agent

Name

RAYMOND PAUL POTEET

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

693 ARNOLD DR

Apt. #, Etc.

City

WEST PALM BEACH

State

FL

Zip Code

33415

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Robert Paul Poteet
REGISTERED AGENT MUST SIGN

Date 3-24-2015

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MNGR	JULIA F POTEET	693 ARNOLD DR	WEST PALMBEACH FL. 33415
REG AG	RAYMOND PAUL POTEET	693 ARNOLD DR	WEST PALM BEACH FL 33415

REINSTATEMENT

MAR 27 2015

R. HUNT

11. E-mail Address JULIEPOTEET53@GMAIL.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 605, 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 requirement 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 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 authorized representative/member

Date

3/24/15

Daytime Phone #

561-206-7746

Typed or printed name of signing authorized representative/member

JULIA F. POTEET

manager

15 MAR 27 AM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number
453752586

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required
for a certificate of status

400271161324
03/27/15--01027--017 **382.75