

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L12000096437

1. Limited Liability Company's Name
Repairs Unlimited1, LLC

FILED
14 MAR 18 AM 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700255822667
01/21/14--01004--024 **105.00

CR2E041 (12/13)

2. Principal Office Address - No P.O. Box # 1908 51st Ave East		3. Mailing Office Address 1908 51st Ave East	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Bradenton		City & State Bradenton	
Zip 34203	Country USA	Zip 34203	Country USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida
07/28/13

6. FEI Number
35-2451229

☐ 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
Timothy Hartzell
Street Address (P.O. Box Number is Not Acceptable)
1908 51st Ave East
Suite, Apt. #, Etc.

City Bradenton	State FL	Zip Code 34203
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E-mail Address:

900257979389
03/18/14--01021--015 **291.25

repair1@aol.com

(To be used for future annual report notices)

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 *Timothy R. Hartzell*
REGISTERED AGENT MUST SIGN

Date **01-15-14**

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Titles AMBRMGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
Pres	Timothy Hartzell	1908 51st Ave East	Bradenton/FL/34203

MAR 18 2014

R. HUNT

REINSTATEMENT

11. I certify that I am an authorized person 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 requirements of Chapter 605, 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 Person *Timothy R. Hartzell* Date **01-15-14**

Daytime Phone **841-580-8669**

Typed or printed name of signing Authorized Person **Timothy Hartzell**