PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
15 APR -2 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L13000164226

1. Limited Liability Company's Name
1SOURCE RESTORATION LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
13065 SW 26th St.	13065 SW 26th St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miramar, FL	City & State: Miramar, FL
Zip: 33027 Country: US	Zip: 33027 Country: US

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 11/22/2013

6. FEI Number: ☑ 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: CORPORATION SERVICE COMPANY
Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET
Suite, Apt. #, Etc.:
City: Tallahassee State: FL Zip Code: 32301

700271356847

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: Courtney Williams
REGISTERED AGENT SIGNATURE
Asst. Vice President
Date: 04.02.15

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
AMBR	Hollis Scotland	13065 SW 26th St.	Miramar, FL 33027

REINSTATEMENT
2014 2015

11. E-mail Address: Kscotland7210@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 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 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: Hollis Scotland Date: 4/1/15 Daytime Phone #: (954) 856-6997

Typed or printed name of signing Authorized Representative/Manager: Hollis Scotland

APR -2 2015

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 550954 7967788

AUTHORIZATION : [signature]

COST LIMIT : $ 377.50

ORDER DATE : March 17, 2015

ORDER TIME : 9:59 AM

ORDER NO. : 550954-010

CUSTOMER NO: 7967788

RECEIVED
15 APR -2 AM 10: 52
SUFFICIENCY OF FILING

DOMESTIC FILINGS

NAME: 1SOURCE RESTORATION LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

________ CERTIFIED COPY
XX PLAIN STAMPED COPY
________ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935

EXAMINER'S INITIALS __________

APR 2 2015

M. WILLIAMS