PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
15 JUL -1 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L13000177716

1 Limited Liability Company's Name

HOME IMPROVEMENT USA, LLC

2. Principal Office Address - No P O Box #	3. Mailing Office Address
415 COLONIAL BLVD	18063 JONES ST
Suite Apt # etc	Suite, Apt. #, etc
City & State: FORT MYERS, FL	City & State: ELKHORN, NE
Zip: 33907 Country: USA	Zip: 68022 Country: USA

CR2E041 (1/14)

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 1/1/2014

6. FEI Number: EIN 46-4459776 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: LARRY SIMONS

Street Address (P O Box Number is Not Acceptable) Suite:
5364 MALALUKA CT

Apt #, Etc

City: CAPE CORAL State: FL Zip Code: 33904

400274619594
07/01/15--01015--005 **238.75

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: [signature] REGISTERED AGENT MUST SIGN Date: 6/26/15

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
MGR	JEFF WINKLER	18063 JONES ST	ELKHORN, NE 68022
MGR	JUSTIN MELCHER	11102 MARY ST	OMAHA, NE 68164
MGRM	LARRY SIMONS	5364 MALALUKA CT	CAPE CORAL, FL 33904

REINSTATEMENT 2015

11 E-mail Address: JWINKLER@HOMEIMPUSA.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: [signature] Date: 6/26/15 Daytime Phone #: 402-350-2957

Typed or printed name of signing authorized representative/member: JEFF WINKLER