

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED 8:00 AM
November 01, 2016
Sec. Of State

DOCUMENT # L14000624969

1. Limited Liability Company's Name

American Best Home Improvement
Investments & Rental LLC

500291853635
11/01/16--01010--024 **238.75

CR2E041 (1/14)

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

504 Beechwood Ave.

3. Mailing Office Address

Box 951558

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. State/Country of Formation

Florida / U.S.

5. Date Organized or Qualified
To Do Business in Florida

2-12-14

6. FCI Number:

47-5093030

Applied for

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a certificate of status

City & State

Altamonte Springs, FL

Zip

32714

Country

U.S.

City & State

Lake Mary, FL

Zip

32795

Country

U.S.

8. Name and Address of Current Registered Agent

Name

Mr. M. Tarez

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

504 Beechwood Ave.

Apt. #, Etc.

City

Altamonte Springs

State

FL

Zip Code

32714

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

Miguel Tarez

REGISTERED AGENT MUST SIGN

Date

10-13-16

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
Manager	Venturia Abraham	504 Beechwood Ave	Altamonte Springs, FL

REINSTATEMENT

S. HAWKES

NOV - 2 A.M.

EXAMINER

11. E-mail Address VenturiaA@yahoo.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

Venturia Abraham

Date

10/13/16

Daytime Phone #

904-566-1499

Typed or printed name of signing authorized representative/member