

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LI4800152586

1. Limited Liability Company's Name

House Keeping for the Busy LLC

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

607 Brooke Hampton Dr

Suite, Apt. #, etc.

3

City & State

Tallahassee, FL

Zip

32311

Country

USA

3. Mailing Office Address

" "

Suite, Apt. #, etc.

" "

City & State

" "

Zip

32311

Country

" "

4. State/Country of Formation

Florida / United States

5. Date Organized or Qualified To Do Business in Florida

September 30, 2014

6. FEI Number

47-2029197

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DENIED ☐

☐ Additional Fee required for a Certificate of Status

CR2E041 (12/13)

8. Name and Address of Current Registered Agent

Name

Edgar Gamez

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

607 Brooke Hampton Dr.

Suite, Apt. #, Etc.

" "

City

Tallahassee

State

FL

Zip Code

32311

E-mail Address:

eg12d@my.fsu.edu

(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

Edgar Gamez

Date

8-29-16

REGISTERED AGENT MUST SIGN

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

Titles AMBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
MGR	EDGAR GAMEZ	607 Brooke hampton ^{dr}	Tallahassee, FL, 32311

REINSTATEMENT

15-16

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

Edgar Gamez

Date

8-29-16

Daytime Phone #

(850) 559-6373

Typed or printed name of signing Authorized Person