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FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

15 DEC 28 PM 3:10

SECRETARY OF STATE
PALM SPRINGS, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L14000194584

1. Limited Liability Company's Name

NEMO'S HANDYMAN SERVICE, LLC

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

1182 Melaleuca Ave

Suite, Apt. #, etc.

3. Mailing Office Address

1182 Melaleuca Ave

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33406

Country

US

Zip

33406

Country

U.S.

8. Name and Address of Current Registered Agent

Name

CORPORATION SERVICE COMPANY

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

1201 HAYS STREET

Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

CR2ED1 (1/14)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

9.25.15

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a certificate of status

800280420448

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



REGISTERED AGENT MUST SIGN

Melissa Zender

Asst. Vice President

Date 12/28/15

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representative/ Manager	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MBR	Oscar Escobar	1182 Melaleuca Ave West Palm Beach, FL	33406

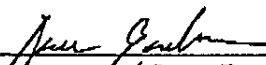
11. E-mail Address:

oeeescobar93@aol.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



Date 12.22.15

Daytime Phone # (561) 452-2232

Typed or printed name of signing authorized representative/member

Oscar Escobar

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15 DEC 28 PM 3:10

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCOUNT NO. : I20000000195

REFERENCE : 862758 8026697

AUTHORIZATION :

[Signature]

COST LIMIT : \$ 243.75

ORDER DATE : November 5, 2015

ORDER TIME : 9:33 AM

ORDER NO. : 862758-010

CUSTOMER NO: 8026697

RECEIVED
DEPARTMENT OF STATE
15 DEC 28 AM 10:45

DOMESTIC FILINGS

NAME: NEMO'S HANDYMAN SERVICE, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Melissa Zender - Ext# 62956

EXAMINER'S INITIALS _____