1 of 2 pages

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

15 DEC 28 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L14000194584

1. Limited Liability Company's Name
NEMO'S HANDYMAN SERVICE, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1182 Melaleuca Ave	1182 Melaleuca Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: West Palm Beach, FL	City & State: West Palm Beach, FL
Zip: 33406 Country: US	Zip: 33406 Country: U.S

CR2E041 (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

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

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: M. Zender — 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 Representatives/ Managers	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: oscescobar93@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: [signature] Date: 12-22-15 Daytime Phone #: (561) 452-2237

Typed or printed name of signing authorized representative/member: Oscar Escobar

2 of 2 pages

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ACCOUNT NO. : I20000000195

REFERENCE : 862758 8026697

AUTHORIZATION : Lynn Helena

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 _____