PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
PM 7:51

DOCUMENT # L17000247314

1 Limited Liability Company's Name
Home Preferred Services LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
75 NE 211th Street	75 NE 211th Street
Suite, Apt. #, etc	Suite Apt. #, etc
City & State: Miami, FL	City & State: Miami, FL
Zip: 33179 Country: US	Zip: 33179 Country: US

4 State/Country of Formation: FL, US

5. Date Organized or Qualified To Do Business in Florida: 12.06.17

6. FEI Number: 82-3582898 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

8 Name and Address of Current Registered Agent

Name: BENNY William

Street Address (P.O. Box Number is Not Acceptable) Suite: 75 NE 211th Street

Apt. # Etc

City: Miami State: FL Zip Code: 33179

300352969503
09/30/20--01013--025 **500.00
300352969503
10/07/21--01013--001 **138.75
300352969503
10/07/21--01013--002 **5.00

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: B ~ REGISTERED AGENT MUST SIGN Date: 09.29.21

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
AMBR	BENNY William	75 NE 211th Street	Miami FL, 33179

11. E-mail Address: b.william51@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: B ~ Date: 09.29.21 Daytime Phone #: 954.934.3672

Typed or printed name of signing authorized representative/member: Benny William