260.00
9-16-05

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 24 AM 9:40

DOCUMENT # M04000001286

1. Limited Liability Company's Name

ARS Home Solutions, LLC

900074667919
05/16/06--01036--001 **50.00

CR2E041 (8/05)

2. Principal Office Address	3. Mailing Office Address
	5956 Sherry Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	1500
City & State	City & State
	Dallas, TX
Zip / Country	Zip / Country
	75225 / USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 4-1-04

6. FEI Number: 74-3011773 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Capitol Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 1333 N Duval St.

900074667919
05/16/06--01036--002 **100.00

Suite, Apt. #, Etc.

City: Tallahassee State: FL Zip Code: 32303

9. Having appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Dlanii Case, asst. sec. Date: 2-6-06

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City State / Zip
MGR	Joseph P. Urso	5956 Sherry Lane, Ste 1500	Dallas, TX 75225
MGR	Kevin Hickey	5956 Sherry Lane, Ste 1500	Dallas, TX 75225

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05/16/06--01036--003 **50.00

REINSTATEMENT 05-06

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 section 608.406, 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.

Signature of Managing Member/Manager: [signature] Date: 4/07/06 Daytime Phone #: 214-378-4000

Typed or printed name of signing Managing Member/Manager: Kevin Hickey, Manager