

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000108665

1. Corporation Name

Llewellyn Home Improvement, Inc.

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

3370 Sandpiper Lane

Suite, Apt. #, etc.

3. Mailing Office Address

3370 Sandpiper Lane

Suite, Apt. #, etc.

City & State

Mulberry, FL

Zip

33860

Country

USA

City & State

Mulberry, FL

Zip

33860

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

09/26/03

5. FEI Number

20-0289767

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Douglas Llewellyn

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

3370 Sandpiper Lane

Suite, Apt. #, Etc.

City

Mulberry

State

FL

Zip Code

33860

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Douglas Llewellyn

REGISTERED AGENT MUST SIGN

Date 1-5-08-04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	Douglas Llewellyn	3370 Sandpiper Lane	Mulberry, FL 33860

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:

Douglas Llewellyn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-5-08-04

Daytime Phone #

4635294790

FILED

08 AUG 14 'PH 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 06-08

8/11/08