

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

1042


FILED

2007 DEC 31 AM 7:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 07



<b>DOCUMENT # P06000020218</b>			
1. Entity Name <b>ASK HER HOME IMPROVEMENT INC.</b>			
Principal Place of Business <b>1509 SCOTT RD FERNANDINA BEACH, FL 32034</b>		Mailing Address <b>1509 SCOTT RD FERNANDINA BEACH, FL 32034</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

11262007 REIN-P CR2E098 (1/07)

4. FEI Number		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent <b>COURSON &amp; STAM LLC 2398 SADLER RD FERNANDINA BEACH, FL 32034</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE See attached

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!! FEE IS \$750.00  
After January 1, 2008, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P NULL, KATHRINE R 1509 SCOTT RD FERNANDINA BEACH, FL 32034</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>600113835306 01/04/08--01040--007 **750.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECY NULL, GREGORY B 1509 SCOTT RD FERNANDINA BEACH, FL 32034</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date


Daytime Phone #

12/26/07

11/21/07

20F2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>	 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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DOCUMENT # P06 0000 20218

1. Limited Liability Company's Name

**Ask Her Home Improvement Inc**

CR2E041 (1/07)

<b>2. Principal Office Address - No P.O. Box #</b> <b>1509 Scott Road</b>		<b>3. Mailing Office Address</b> <b>1509 Scott Road</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Fernandina Beach, FL</b>		City & State <b>Fernandina Beach, FL</b>	
Zip <b>32034</b>	Country <b>USA</b>	Zip <b>32034</b>	Country <b>USA</b>

4. State/Country of Formation  
**Florida/United States of America**

5. Date Organized or Qualified  
To Do Business in Florida **February 8, 2006**

6. FEI Number **20-4270281**  
☐ Applied For  
☐ Not Applicable

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

<b>8. Name and Address of Current Registered Agent</b>		
Name <b>Courson &amp; Stam LLC</b>		
Street Address (P.O. Box Number is Not Acceptable) <b>2398 SADLER ROAD</b>		
Suite, Apt. #, Etc.		
City <b>FERNANDINA BEACH</b>	State <b>FL</b>	Zip Code <b>32034</b>

☒ A \$100 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 \$100 reinstatement be waived.

9. I, being 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

S. Sam CPA

Date 11/8/07

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
President	Kathrine R Null	1509 Scott Road	Fernandina Beach, FL 32034
Secretary	Gregory B Null	1509 Scott Road	Fernandina Beach, FL 32034

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

Kathrine R. Null

Date 11-9-07

Daytime Phone # 904-753-4290

Typed or printed name of signing Managing Member/Manager

**Kathrine R Null**