

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 APR -8 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000011544

1. Limited Liability Company's Name

Mid Florida Roofing , LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 768 Ferne Drive		3. Mailing Office Address PO Box 522610	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Longwood , FL		City & State Longwood , FL	
Zip 32779	Country USA	Zip 32752	Country USA

4. State/Country of Formation Florida , USA	
5. Date Organized or Qualified To Do Business in Florida 4/01/2003	
6. FEI Number 56-2345919	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Robert H. Shoemaker			
Street Address (P.O. Box Number is Not Acceptable) 768 Ferne Drive			
Suite, Apt. #, Etc.			
City Longwood	State FL	Zip Code 32779	

E-mail Address:
500201332405
04/12/11--01002--013 **655.00
MFRoofs@yahoo.com
(To be used for future annual report notices)

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  Date **4/04/2011**

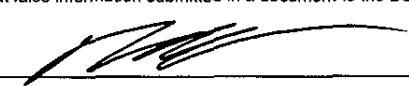
REGISTERED AGENT MUST SIGN

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
MNG	Robert H. Shoemaker	768 Ferne Drive	Longwood , FL 32779

REINSTATEMENT 08-11


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. 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 Managing Member/Manager  Date **4/04/2011** Daytime Phone # **407 830 8554**

Typed or printed name of signing Managing Member/Manager **Robert H. Shoemaker**

L03000001/544

Mid-Florida Roofing , LLC

768 Fern Drive

Longwood , FL 32779

Phone Number : 407-830-8554

Fax Number : 407-682-8554

Web Address : MidFloridaRoofing.com

Email : MFRoofs@yahoo.com

Lic. # CCC 057834

To: Division of Corporations

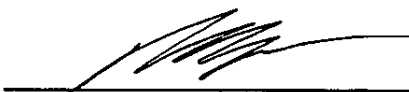
From: Robert H. Shoemaker

Date : 4 / 04 / 2011

Attention : Agnus Lunt

The Limited Liability Company Doc # L06000006028 with FEIN # 204125616 is not going to be using the name Mid Florida Roofing any longer . The company was not renewed in September and is not going to be renewed .

Thanks ,



4/04/2011

Robert H . Shoemaker

Thanks ,