

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED-LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2004 JUN -3 PM 2:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L00000000941

1. Limited Liability Company's Name

Natural Building Systems Distributor, L.L.C.

800036077618  
05/12/04--01011--001 \*\*300.00

2. Principal Office Address

5347 Main Street

Suite, Apt. #, etc.

Suite 100

City & State

New Port Richey, FL

Zip

34652

Country

USA

3. Mailing Office Address

5347 Main Street

Suite, Apt. #, etc.

Suite 100

City & State

New Port Richey, FL

Zip

34652

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

1/25/2000

6. FEI Number

65-0987272

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

James F. Gulecas, Esq.

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

1968 Bayshore Boulevard

Suite, Apt. #, Etc.

City

Dunedin

State

FL

Zip Code

34698

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

REGISTERED AGENT MUST SIGN

Date

6/11/04

**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
MGRM	Frederick A. Hauber	5347 Main Street, Suite 100	New Port Richey, FL 34652

REINSTATEMENT 02-04

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

Date 4/30/04

Daytime Phone # (727) 845-4868

Typed or printed name of signing Managing Member/Manager Frederick A. Hauber