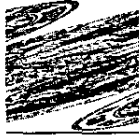


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
03 NOV -3 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L00000008076**

**1. Limited Liability Company's Name**

**PRECISION ROOF TRUSSES, LLC**

**2. Principal Office Address**

**214 E Victor Hill Road**

Suite, Apt. #, etc.

**3. Mailing Office Address**

**1060 Skees Road**

Suite, Apt. #, etc.

**City & State**

**Duncan, SC**

**City & State**

**West Palm Beach, FL**

**Zip**

**29334**

**Country**

**Zip**

**33435**

**Country**

**4. State/Country of Formation**

**Florida**

**5. Date Organized or Qualified**

**To Do Business in Florida 07/02/00**

**6. FEI Number**

**65-1020635**

**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**

**Michael J McGoe**

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

**639 E. Ocean Ave**

**Suite, Apt. #, Etc.**

**101**

**City**

**Boynton Beach**

**State**

**FL**

**Zip Code**

**33435**

**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**

*[Signature]*  
**REGISTERED AGENT MUST SIGN**

**Date 10/17/03**

**10. Names and Street Addresses of Managing Members/Managers**

<b>Titles</b>	<b>Name of Managing Members/Managers</b>	<b>Street Address of Each Managing Member/Manager</b>	<b>City / State / Zip</b>
<b>MGR</b>	<b>MICKELSON, ANNETTE</b>	<b>1060 SKEES RD</b>	<b>W PALM BEACH FL 33411</b>
<b>Membe</b>	<b>MICKELSON, SHELDON</b>	<b>1060 SKEES RD</b>	<b>W PALM BEACH FL 33411</b>

**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: Annette Mickelson]*

**Date 10/20/03**

**Daytime Phone # 561 242-0920**

**Typed or printed name of signing Managing Member/Manager** **ANNETTE MICKELSON**

CR2E041 (10/02)