

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 16 PM 1:24

DOCUMENT #

L-14588

1. Limited Liability Company's Name

ABSOLUTE ROOF SOLUTIONS, LC

9/28/01

2. Principal Office Address

2837 TANGLEWOOD BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 484

Suite, Apt. #, etc.

City & State

ORANGE PARK, FL

City & State

DOCTORS INLET

Zip

Country

32065

CLAY

Zip

Country

32030

CLAY

4. State/Country of Formation

FLORIDA / CLAY

5. Date Organized or Qualified
To Do Business in Florida

11/00

6. FEI Number

59-3689606

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 GALLERANI

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

2837 TANGLEWOOD BLVD

Suite, Apt. #, Etc.

800004640178-4

-10/17/01--01076--015

****150.00 ****150.00

City

ORANGE PARK

State

FL

Zip Code

32065

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

J. Mallon

REGISTERED AGENT MUST SIGN

Date 10/12/01

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
MGR	JAMES GALLERANI	2837 TANGLEWOOD BLVD	ORANGE PARK, FL 32065

REINSTATEMENT 2001

Penal
Rein \$100.00
UBR 50.00
150.00 nyc

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

J. Mallon

Date 10/12/01

Daytime Phone # 904-276-1815

Typed or printed name of signing Managing Member/Manager

JAMES GALLERANI