

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 10 AM 9:04

DOCUMENT # L01000000581

1. Limited Liability Company's Name

Custom Forge & FABRICATION, LLC.

CR2E041 (8/05)

2. Principal Office Address

30825 E. Thyme Ave

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1616

Suite, Apt. #, etc.

City & State

Eustis, FL

City & State

Sorrento, FL

Zip

32736

Country

LAKE

Zip

32776

Country

LAKE

4. State/Country of Formation

Florida / ORANGE

5. Date Organized or Qualified
To Do Business in Florida

1-10-01

6. FEI Number

59-3691165

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

LARRY W. RIGNALL

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

30825 E. Thyme Ave

Suite, Apt. #, Etc.

City

Eustis

State

FL

Zip Code

32736

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

Larry W. Rignall

REGISTERED AGENT MUST SIGN

Date

3-1-06

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
P	LARRY W. RIGNALL	30825 E. Thyme Ave	Eustis, FL 32736
VP	JEAN M. RIGNALL	30825 E. Thyme Ave	Eustis, FL 32736
			500069059915 03/30/06--01054--013 **305.00
			REINSTATEMENT 03-06

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

Larry W. Rignall

Date

3-1-06

Daytime Phone #

407-468-1519

Typed or printed name of signing Managing Member/Manager

LARRY W. RIGNALL