## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

all fees owed by the limited liability

Typed or printed name of signing Managing Member/Manager

as if made under oath.

Managing Member/Manage

Signature of

Name and Mailing Address

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0014265 01 AT 0.292 \*\*AUTO T2 0 0615 33993-973689 PRO-TECH BUILDING SYSTEMS, LLC 2589 BAYSHORE DR.

FILED

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CR2E084 (7/03)

MATLACHA FL 33993-9736 4. State/Country of Formation 2.- New Mailing Address . Box 350 FL Date Organized or Qualified 03/11/2002 33956 To Do Business in Florida 3. New Principal Place of Business Address Principal Place of Business FEI Number Applied For 2589 BAYSHORE DR. 10/6/ Mallory E. PKWY Not Applicable MATLACHA FL 33993 \$5.00 Additional Fee required Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent MARRA, RONALD 2589 BAYSHORE DR. MATLACHA FL 33993 10 . I, being appointed بننية istered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S COURED Signature of Registered Agent REGISTERED AGENT MUST SIGN 11. Names and Street Addresses of Each Managing Member/Manager Street Address of Each Name of Managing Title(s) City / State / Zip Managing Member/Manager Members/Managers MGR MARRA, RONALD Cussell Dr. 3039 RINSTATEMENT

12. 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

npany have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect