

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRET
DIVISION OF CORPORATIONS

06 FEB 20 AM 11:03

DOCUMENT #

1. Limited Liability Company's Name

M.C. MILLWORKS LLC

L02000015015

800067313528

03/07/06--01029--008 **100.00
CR2E041 (8/05)

2. Principal Office Address

345 WEST DR.

Suite, Apt. #, etc.

3. Mailing Office Address

345 WEST DR.

Suite, Apt. #, etc.

City & State

MEI. FL.

City & State

MEI. FL.

Zip

32904

Country

U.S.A.

Zip

32904

Country

U.S.A.

4. State/Country of Formation

FLORIDA, U.S.A.

5. Date Organized or Qualified
To Do Business in Florida

6/17/2002

6. FEI Number

134249047

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

TIMOTHY M. MCKOWEN

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

345 WEST DR.

Suite, Apt. #, Etc.

City

ME/Bourne

State

FL

Zip Code

32904

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

TIMOTHY M. MCKOWEN

REGISTERED AGENT MUST SIGN

Date

2/9/06

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
(mem) owner	TIMOTHY M. MCKOWEN	345 WEST DR.	MEI. FL. 32904

REINSTATEMENT 05-06

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

TIMOTHY M. MCKOWEN

Date

2/9/06

Daytime Phone #

321-676-0770

Typed or printed name of signing Managing Member/Manager

TIMOTHY M. MCKOWEN

2/15/06
Dear Division of Corp. -

You mailed my renewal forms to the wrong address, you sent them to 53 Venetian way and we were at 5-B Venetian way, I'm sending \$100.00 check to you for 2005 + 2006. to keep me current.

Sincerely

Timothy M. McKowen

RE: M.C. MILLWORKS LLC
FEI # 1342 4904 7