

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 JUN -4 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 1020000110030

1. Limited Liability Company's Name

A.P.W., II, L.L.C.

REINSTATEMENT

CR2E04T (1/07)

04-07

2. Principal Office Address - No P.O. Box #

1901 SW 27th St.

Suite, Apt. #, etc.

City & State

OCALA, FL

Zip

34474

Country

USA

3. Mailing Office Address

1901 SW 27th St.

Suite, Apt. #, etc.

City & State

OCALA, FL 34474

Zip

34474

Country

USA

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified
To Do Business in Florida

7/2/02

6. FEI Number

593731941

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

ALEX P. WILLIAMS

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

1901 SW 27th St.

Suite, Apt. #, Etc.

City

OCALA

State

FL

Zip Code

34474

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

REGISTERED AGENT MUST SIGN

Date 5.15.07

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	ALEX P. WILLIAMS	1901 SW 27th St	OCALA, FL, 34474

50103922356
05/05/07--01051--025 **255.00

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

Date 5.15.07

Daytime Phone # 352-266-0885

Typed or printed name of signing Managing Member/Manager

ALEX P. WILLIAMS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUN -4 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03-57091

1. Limited Liability Company's Name

Winchester Paint & Stucco, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #

Robert Winchester

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1108

Suite, Apt. #, etc.

City & State

Carrabelle, Florida

City & State

Zip

32322

Country

Franklin

Zip

32322

Country

Franklin

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

06-1707677

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

Robert Winchester

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

P.O. Box 1108 - 606 West 3rd St.

Suite, Apt. #, Etc.

City

Carrabelle,

State

FL

Zip Code

32322

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

Robert Winchester

REGISTERED AGENT MUST SIGN

Date 06/04/07

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
mgrm	Robert Winchester	606 West 3rd St	Carrabelle, FL 32322

900103927329
06/05/07--01051--024 **200.00

REINSTATEMENT 04-07

[Signature]

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

Robert Winchester

Date 06/04/07

Daytime Phone # 850-697-5478

Typed or printed name of signing Managing Member/Manager