

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L02000017117

1. Limited Liability Company's Name

High Pointe Insulated Panels, LLC

2. Principal Office Address

1712 East Kaley Avenue

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32806

Country

USA

3. Mailing Office Address

1712 East Kaley Avenue

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32806

Country

USA

FILED

03 OCT 30 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800024293578

10/30/03--01064--006 \*\*150.00

4. State/Country of Formation

Florida/Orange

5. Date Organized or Qualified  
To Do Business in Florida

7/08/02

6. FEI Number

30-0101541

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DE SIRE D ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Michael Spears

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

1712 East Kaley Avenue

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32806

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

Date 10-27-03

REGISTERED AGENT MUST SIGN

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	Michael Spears	1712 East Kaley Avenue	Orlando, Florida, 32806

11. I certify that I am managing member/manager of 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 10/27/03

Daytime Phone # 407-894-9645

Typed or printed name of signing Managing Member/Manager

Michael Spears

CR2041 (10/02)