

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

05 AUG -8 AM 9:57

DOCUMENT #

L03000044356

1. Limited Liability Company's Name

DE LORIE DOOR SERVICE, LLC

100057787241
07/22/05--01016--005 **150.00

2. Principal Office Address

205 Ellsworth Court

Suite, Apt. #, etc.

City & State

Kissimmee, FL

Zip

34758

Country

Osceola

3. Mailing Office Address

PO Box 422032

Suite, Apt. #, etc.

City & State

Kissimmee, FL

Zip

34742

Country

Osceola

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

01/01/04

6. FEI Number

260075336

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

Joseph F. De Lorie

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

205 Ellsworth Court

Suite, Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34758

REINSTATEMENT 04-05

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

Joseph F. De Lorie

REGISTERED AGENT MUST SIGN

Date 7/15/05

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
owner	Joseph F. De Lorie	205 Ellsworth Court	Kissimmee, FL 34758

100057787241
08/15/05--01005--001 **50.00

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

Joseph F. De Lorie

Date Aug 3, 2005

Daytime Phone# 407-922-0074

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)