

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 SEP 26 PM 12: 22

DOCUMENT # L03000048239

1. Entity Name
TINT KING WINDOW TINTING, LLC



Principal Place of Business
6012 WAYNES LANE
TALLAHASSEE, FL 32310

Mailing Address
~~6012 WAYNES LANE~~
TALLAHASSEE, FL 32340

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

3074 Reed Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Tallahassee, FL

Zip

Country

Zip

Country

32301

USA

09262007 REIN-LLC CR2E101 (1/07)

4. FEI Number
20-0428558

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KNOWLES, WILLIAM H
6012 WAYNES LANE
TALLAHASSEE, FL 32310

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2008, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGRM ☐ Delete
NAME KNOWLES, WILLIAM H
STREET ADDRESS 6012 WAYNES LANE
CITY - ST - ZIP TALLAHASSEE, FL 32310

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

9-26-07