


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 APR -4 AM 11:00

DOCUMENT # L03000048594	
1. Entity Name CARL NULL SOFFIT & SIDING, LLC	

Principal Place of Business 5000 SE 183RD AVE. ROAD OCKLAWAHA, FL 32139	Mailing Address 5000 SE 183RD AVE. ROAD OCKLAWAHA, FL 32139
---	---

2. Principal Place of Business 1565 MCGLOW RD.	3. Mailing Address 1565 MCGLOW RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State PIERSON FL	City & State PIERSON FL
Zip 32180	Country VOLUSIA
Zip 32180	Country VOLUSIA

03222005 REIN-LLC CR2E101 (6/04)

4. FEI Number 20-0436889	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent NULL, CARL E 5000 SE 183RD AVE. ROAD OCKLAWAHA, FL 32139	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1565 MCGLOW RD. City PIERSON FL Zip Code 32180
---	--

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 Carl E. Null DATE 3-25-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$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 NAME STREET ADDRESS CITY-ST-ZIP	MGR NULL, CARL E 5000 SE 183RD AVE. ROAD OCKLAWAHA, FL 32139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 04-05 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NULL, TERRY D 22125 HWY 315 ORANGE SPRINGS, FL 32182 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100050598851 04/13/05--01005--005 **100.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NULL, TIMMY G 22125 HWY 315 ORANGE SPRINGS, FL 32182 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Carl E. Null DATE 3-25-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #