

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  
06 JAN 18 AM 9:20

DOCUMENT # **L03000051210**

1. Limited Liability Company's Name

**DAVE BURDEN LATHING LLC**

**800065074978**  
02/02/06--01020--002 \*\*155.00

CR2E041 (8/05)

2. Principal Office Address

**289 HILLTOP DR**

Suite, Apt. #, etc.

3. Mailing Office Address

**289 HILLTOP DR**

Suite, Apt. #, etc.

City & State

**LONGWOOD FL**

City & State

**LONGWOOD FL**

Zip

**32750**

Country

**US**

Zip

**32750**

Country

**US**

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

**12/09/03**

6. FEI Number

**20-0457029**

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

**DAVE BURDEN**

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

**289 HILLTOP DR**

Suite, Apt. #, Etc.

City

**LONGWOOD FL**

State

**FL**

Zip Code

**32750**

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

**1/11/06**

**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	DAVE BURDEN	289 HILLTOP DR	LONGWOOD FL 32750

**REINSTATEMENT 04-05**

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

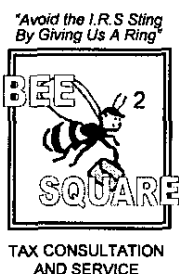
**1/11/06**

Daytime Phone #

**407-415-3709**

Typed or printed name of signing Managing Member/Manager

**DAVE BURDEN**



Bee Square Tax Service  
7130 S.O.B.T. Suite 111  
Orlando, Fl. 32809  
Phone (407) 851-4037  
Fax (407) 851-1277

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, Fl. 32314

RE: Dave Burden Lathing, LLC FEIN # 20-0457029

Dear Sirs,

This letter is to request an abatement of the reinstatement fee of \$100. for the above Limited Liability Company. Mr. Burden was not aware that he needed to renew on an annual basis. He did not get a renewal notice due to a change in address.

Please find a check enclosed in the amount of \$155.00. This is to cover 2004, 2005 and 2006 Annual Report Fee and a Certificate of Status.

If you have any questions, please feel free to give us a call. Thank you for your help with this matter.

Sincerely,

A handwritten signature in black ink, which appears to read "Rebecca Williams", is written over a horizontal line.

Rebecca Williams