

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 SEP 11 AM 9:51

DOCUMENT #

LO3000051734

1. Limited Liability Company's Name

John Madden Aluminum LLC

2. Principal Office Address

1442 Leola Ave

Suite, Apt. #, etc.

City & State

Lakeland

Zip

33810

Country

Polk

3. Mailing Office Address

1442 Leola Ave

Suite, Apt. #, etc.

City & State

Lakeland

Zip

33810

Country

Polk

CR2E041 (8/05)

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

8/24/06

6. FEI Number

045644500

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

John Madden

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

1442 Leola Ave

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33810

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 8/24/06

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
1	John Madden Owner/manager	1442 Leola Ave	Lakeland, FL 33810
			500080003946 09/20/05--01054--025 **200.00
			REINSTATEMENT 05-06

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

[Signature]

Date 8/24/06

Daytime Phone # 863-470-3691

Typed or printed name of signing Managing Member/Manager

John Madden