

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 SEP 29 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L03000052223**

1. Limited Liability Company's Name

DOUGLAS DIXON CARPENTRY LLC

2. Principal Office Address - No P.O. Box #

65 FONTAINE CIRCLE

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 236

Suite, Apt. #, etc.

City & State

CRAWFORDVILLE

City & State

CRAWFORDVILLE

Zip

32327

Country

US

Zip

32326

Country

US

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

12/12/2003

6. FEI Number

522407020

☐ 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

DOUGLAS DIXON

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

65 FONTAINE CIRCLE

Suite, Apt. #, Etc.

City

CRAWFORDVILLE

State

FL

Zip Code

32327

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09/29/14--01025--018 **238.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date **9/29/14**

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	DOUGLAS DIXON	P.O. BOX 236	CRAWFORDVILLE, FL 32327
MGRM	PAUL DIXON	P.O. BOX 236	CRAWFORDVILLE, FL 32327

REINSTATEMENT

14 GS

11. E-mail Address: **poose214@gmail.com**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

[Signature]

Date **9/29/14**

Daytime Phone #

Typed or printed name of signing Authorized Representative/Manager

DOUGLAS DIXON