

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

06 DEC 18 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (8/05)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **LD3⁰⁰⁰⁰-52 562**

1. Limited Liability Company's Name
CHRIS THURSBY CARPENTRY LLC

2. Principal Office Address 2639 Stoneridge Dr. Suite, Apt. #, etc.		3. Mailing Office Address 2639 Stoneridge Dr. Suite, Apt. #, etc.	
City & State Tallahassee, FL.		City & State Tallahassee, FL.	
Zip 32303	Country Leon	Zip 32303	Country Leon

4. State/Country of Formation Florida / Leon	
5. Date Organized or Qualified To Do Business in Florida 1-1-2004	
6. FEI Number 38-3747767	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name **James C. Thursby**

Street Address (P.O. Box Number is Not Acceptable)
2639 Stoneridge Dr.
Suite, Apt. #, Etc.

City **Tallahassee** State **FL** Zip Code **32303**

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 **James C. Thursby** Date **12-18-06**

REGISTERED AGENT MUST SIGN

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
Member	James C. Thursby	2639 Stoneridge Dr.	Tallahassee, FL 32303

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REINSTATEMENT

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 **James C. Thursby** Date **12-18-06** Daytime Phone # **850-562-0325**

Typed or printed name of signing Managing Member/Manager **JAMES C. THURSBY**

I have not any notice to file an
annual report from the FL. Department of State
division at corporations

12-18-06

James C. Murphy

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