

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 MAY 17 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000053398

1. Limited Liability Company's Name

SAWHORSE HOME IMPROVEMENT LLC

CR2E041 (1/07)

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

13540 VIRGINIA AVE

Suite, Apt. #, etc.

3. Mailing Office Address

13540 VIRGINIA AVE.

Suite, Apt. #, etc.

City & State

ASTATULA FL.

City & State

ASTATULA FL.

Zip

34705

Country

LAKE

Zip

34705

Country

LAKE

4. State/Country of Formation

FL.

5. Date Organized or Qualified
To Do Business in Florida

DEC 8 2003

6. FEI Number

61-1435669

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

TERRY L. PETRON

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

13540 VIRGINIA AV.

Suite, Apt. #, Etc.

City

ASTATULA

State

FL

Zip Code

34705

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

Terry L. Petron

REGISTERED AGENT MUST SIGN

Date 5-9-07

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
MEM	TERRY L. PETRON	13540 VIRGINIA AVE	ASTATULA FL. 34705
			100103287471 05/25/07--01020--027 **155.00

REINSTATEMENT 05-0

02

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

Terry L. Petron

Date 5-9-07

Daytime Phone # 352-636-0471

Typed or printed name of signing Managing Member/Manager

TERRY L. PETRON