

9-16-05
150.00

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 07 FEB 26 AM 9:32 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # L03000056192					
1. Limited Liability Company's Name Total Window & Screen Repair LLC					
2. Principal Office Address - No P.O. Box # 1213 James Ver. <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address Same <small>Suite, Apt. #, etc.</small>			
City & State Daytona Bch, FL <small>Zip Country</small> 32117 USA		City & State <small>Zip Country</small>			
4. State/Country of Formation Florida		5. Date Organized or Qualified To Do Business in Florida 12/03			
6. FEI Number 341983858		Applied For 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 Toni & Brian Caskey					
Street Address (P.O. Box Number is Not Acceptable) 1213 James Ver.					
Suite, Apt. #, Etc. City Daytona Bch					
State FL		Zip Code 32117			
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 Brian Caskey				Date 2/6/07	
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	
mgt	Toni Caskey	1213 James Ver		Daytona FL 32117	
owner	Brian Caskey	1213 James Ver		Daytona FL 32117	
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REINSTATEMENT 05-07					
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 Brian Caskey				Date 2/6/07	
Typed or printed name of signing Managing Member/Manager Brian Caskey				Daytime Phone # 386-257-5800	

February 6, 2007

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Please find attached my Limited Liability Company Reinstatement form. I received a card in the mail from your office stating my Worker's Compensation will be revoke. I called your office and the lady I spoke to has explained to me it was because I did not fill out this form and send back to you and at the time of the conversation I could not understand what form I did not send in. I have tried to fill out everything that I receive. I would have never ignored something like this. I went to the web site this morning and downloaded this form and I realize I have not received this form in some time now. That is why I did not fill it out and send it in. I just renewed my Worker's Compensation exemption last year. Mailed everything in and no mention of this. I am just surprised that no letter was sent to us to follow up why I did not fill this out? It is very hard to remember everything that needs to be sent in every year to update and if you don't receive a reminder letter or something there is no way to remember if you had done everything.

Please waive the reinstatement fee because I truly did not receive anything regarding this. Please contact me if I am missing any other information that you need.

I apologize for any inconvenience and please let me assure you I would never have ignored this. I am certain I did not receive this in the mail.

Thank you

A handwritten signature in black ink that reads "Brian Caskey". The signature is fluid and cursive, with a long horizontal stroke extending from the end.

Brian Caskey
386-257-5874