

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG 15 AM 9:21

DOCUMENT # L03000057271 1. Entity Name T & T GARAGE DOORS, LLC																													
Principal Place of Business 11320 SILVERLEAF COURT RIVERVIEW, FL 33569			Mailing Address 11320 SILVERLEAF COURT RIVERVIEW, FL 33569																										
2. Principal Place of Business 617 Fieldstone Dr. Suite, Apt. #, etc.		3. Mailing Address 617 Fieldstone Dr. Suite, Apt. #, etc.																											
City & State Brandon, FL		City & State Brandon FL		4. FEI Number 02-06 94345																									
Zip 33511		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent JARZYK, THOMAS 11320 SILVERLEAF COURT RIVERVIEW, FL 33569			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 617 Fieldstone Dr. City Brandon FL Zip Code 33511																										
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  Thomas Jarzyk 8-8-05 <small>Signature typed or printed name of registered agent, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
			Make check payable to Florida Department of State																										
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">MGR</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>JARZYK, THOMAS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>13020 SILVERLEAF CT.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>RIVERVIEW, FL 33569</td> <td></td> </tr> </table>			TITLE	MGR	<input type="checkbox"/> Delete	NAME	JARZYK, THOMAS		STREET ADDRESS	13020 SILVERLEAF CT.		CITY-ST-ZIP	RIVERVIEW, FL 33569		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">REINSTATEMENT</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>617 Fieldstone Dr.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Brandon, FL 33511</td> <td></td> </tr> </table>			TITLE	REINSTATEMENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS	617 Fieldstone Dr.		CITY-ST-ZIP	Brandon, FL 33511	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.																													
SIGNATURE:  Thomas Jarzyk Mgr. 8-8-05 813.731.2376 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																													