

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 NOV 17 PM 2:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Limited Liability Company's Name

L03000057498

James Johnson Trim, LLC

**2. Principal Office Address**

9827 Lancewood St  
Suite, Apt. #, etc.

**3. Mailing Office Address**

Same  
Suite, Apt. #, etc.

**City & State**

Orlando, FL

**City & State**

Orlando, FL  
Zip Country

32817 US

**4. State/Country of Formation**

Orange, FL

**5. Date Organized or Qualified  
To Do Business in Florida**

12-31-03

**6. FEI Number**

522400075

Applied For

Not Applicable

**7. CERTIFICATE OF STATUS DESIRED** ☒

\$5.00 Additional Fee required  
for a Certificate of Status

CR2E041 (8/05)

**8. Name and Address of Current Registered Agent**

**Name**

James Patrick Johnson

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

9827 Lancewood St

**Suite, Apt. #, Etc.**

**City**

Orlando

**State**

FL

**Zip Code**

32817

**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 P. Johnson*  
REGISTERED AGENT MUST SIGN

Date 11-17-06

**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
m66m	James Patrick Johnson	9827 Lancewood St	Orlando, FL 32817
			11/29/06--01057--007 **200.00
			11/29/06--01057--008 **5.00
			<b>REINSTATEMENT 05-06</b>
			<b>AL</b>

**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 P. Johnson*

Date 11-17-06

Daytime Phone # 407 483-8583

Typed or printed name of signing Managing Member/Manager

James P. Johnson