

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

CR2E041 (8/05)

2. Principal Office Address

9927 Lancewood St
Suite, Apt. #, etc.

3. Mailing Office Address

Same
Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Same

Zip

32817

Country

US

Zip

Same

Country

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

8. Name and Address of Current Registered Agent

Name **James Patrick Johnson**

Street Address (P.O. Box Number is Not Acceptable) **9927 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
mgbm	James Patrick Johnson	9927 Lancewood St	Orlando, FL 32817
			11/29/06--01057--007 **200.00
			11/29/06--01057--008 **5.00
REINSTATEMENT			05-06
AL			

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 # **407 493-8583**

Typed or printed name of signing Managing Member/Manager **James P. Johnson**