

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 11 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (11/09)

DOCUMENT # LO4000001370

1. Limited Liability Company's Name

PB Exterior Plus LLC

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

7231 Collins Rd

Suite, Apt. #, etc.

3. Mailing Office Address

7231 Collins Rd

Suite, Apt. #, etc.

City & State

Panama City FL

Zip

32404

Country

Bay

City & State

Panama City FL

Zip

32404

Country

Bay

4. State/Country of Formation

FL. BAY

5. Date Organized or Qualified
To Do Business in Florida

01/06-04

6. FEI Number

593775032

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

Paul Blakely

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

7231 Collins Rd.

Suite, Apt. #, Etc.

City

Panama City

State

FL

Zip Code

32404

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12-11-09

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 |
|--------|--------------------------------------|---|----------------------|
| MGR | Paul Blakely | 7231 Collins Rd | Panama City FL 32404 |
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11. E-mail Address: PB Exteriors @ Hotmail . com

(To be used for future annual report notifications)

12. 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

[Signature]

Date 12-11-09

Daytime Phone # 850-819-2380

Typed or printed name of signing Managing Member/Manager