

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUN 27 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

L040000003053

Roger Stultz Carpentry LLC

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

ROGER P. STULTZ

Suite, Apt. #, etc.

753 HAWKINS RD.

City & State

MONTICELLO, FL.

Zip

32344

Country

JEFFERSON

3. Mailing Office Address

753 HAWKINS RD.

Suite, Apt. #, etc.

City & State

MONTICELLO, FL.

Zip

32344

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEL Number

75-3142513

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 ROGER P. STULTZ JR.

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

753 HAWKINS RD.

Suite, Apt. #, Etc.

City

MONTICELLO

State

FL

Zip Code

32344

☒ 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

Roger P. Stultz Jr.
REGISTERED AGENT MUST SIGN

Date 6-27-07

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
Manager	ROGER P. STULTZ JR.	753 HAWKINS RD.	MONTICELLO FL. 32344
			600104986286 06/28/07--01046--001 **150.00

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 in 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

Roger P. Stultz Jr.

Date 6-27-07

Daytime Phone # 850-445-1439

Typed or printed name of signing Managing Member/Manager